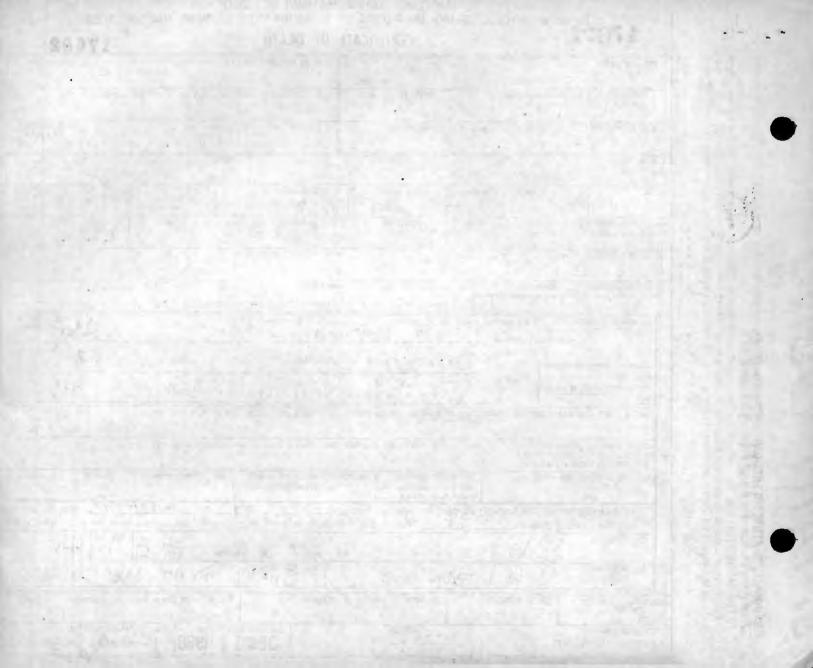
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY b. COUNTY Montg. Montgomery MARYLAND c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 16 b. CITY OR TOWN (If autside corparate limits, write RURAL and give negrest town) Yrs. Kensington filled in d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 3905 "ashington St. "ashington St. NO F within 4 DATE npq NAME OF Middle Manth First Year DECEASED 19 68 Adams December 14 Katharine (Type or print) DEATH patno IF UNDER 1 YEAR I IF UNDER 24 HRS. SEX 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years 7. MARRIED NEVER MARRIED Female last birthday) Months Haurs DIVORCED WIDOWEDTO 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT TT COUNTRY? during most of working life, even if retired) haryland INDUSTRY The law requires that the death certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME signed by the attending physical-transit permit. Then plearing, cremation, an emoval, Ulric Hutton Janney 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes,,no, ar unknown) (If yes give war ar dates of service) Washi Addreson at. 16. SOCIAL SECURITY NO. 17. INFORMANT 218-05-0082 Page Dinnel-Kensington, Maryland INTERVAL BETWEEN ONSEL AND DEATH 1B. CAUSE OF DEATH (Enter only one cause per ling for (0), (b) land (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise ta immediate cause (a), DUE TO stating the underlying cause FO FUNERAL DIRECTOR: After this certificate has been priar ta PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPSY PERFORMED? YES 🗔 far 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I at Part II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or Jown) (County) (State) Haur a.m. Not While factory, street, office bldg., etc.) at work at work , 1991, that (1) (we) last 21. I certify that (i) (this haspital) attended the deceased fram. 194 D. to 1966 ___, and that death accurred at 2 A M, fram causes and an the date stated above. saw the deceased alive an_ 22a. SIGNATURE 22b. DATE SIGNET ATTENDING DIRECTOR M.D. PHYS TO HOSPITAL Page 4 may b 22c. PHYSICIAN'S NAME (Type) director, 23c NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23d. LOCATION (City or Town) 230. BURIAL CREMATION. (County) (Stote) Burlal (Specify) Voodside Cemetery 24. FUNERAL DIRECTOR 2Sq. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Rockville Pike VR A15 (4) 20 M 1/66 yson Theeler



I tem 1 FilmGLO7 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17683 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME Middle 2a. DATE KNOWN CAT Month Day 2b. HOUR Year delay i. nd 3 ta (Type or Print) ESTI-1968 5 PM GILMORE AUGUSTA ADDISON DEATH MATED 3 SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD 2d. HOUR p. and December 19 685:15pm July 7, 1919 49 Male Negro 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED KNEVER MARRIED Eorm Eorm United States DIVORCED [7 WIDOWED [Marvland Montgomery County Pages e State 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done after death 12b. KIND OF BUSINESS OR INDUSTRY Plumbing during most of working life, even if retired.) Silver Spring Montgomery General Give should be farwarded to the Chief Medical Examiner's Office along 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER death. 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN odmission) STATE Marvland 13b. COUNTY Montgomery Silver Spring YES No sck Norbeck Road haurs Item 18 Jand 2 offer Middle 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME Last First Middle LOUISA PROCTOR NOAH MMN ADDISON ALCINDA .⊆ pages haurs 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17. INFORMANT ADDRESS pencil (Yes, no, or unknown) File APPROXIMATE INTERVAL .= be executed within 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) permit. BETWEEN ONSET AND CEATH "pending" PART 1. DEATH WAS CAUSED BY. Gunshot wound, left chest, IMMEDIATE CAUSE (a)_ event DUE TO. OR AS A CONSEQUENCE OF burial-transit Canditions, if any, which gave with exsanguination rise to immediate cause (a), certificate shauld writing the ward DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause 5 puo PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) 0 8 ar removal, nsed CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? the certificate, This 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 3 shauld Deceased shot in left chest PRIMARY OR CONTRIBUTING HOUR A.M. crematian, EXAMINER: 12-7 1968 CAUSE OF DEATH who used shotgun 21d INJURY OCCURRED 21e. PLACE OF INJURY (At hame, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County State factory, office building, etc.) WHILE AT WORK AT WORK Home Norbeck Rd. Silver Spring Montg Md. 22a. I certify that Hook charge of the remains described above, held an Autopsy ond in my opinion Inspection deoth resulted from Natural causes Accident Suicide Homicide X Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER the funeral SIGNATURE DEPUTY MEDICAL EXAMINER 5 m. TO FUN. Health EXAMINER'S ADDRESS (Syles, sty Town or county) NAME (Type) 23d. LOCATION (City or Town) (County) 12-11-1968 ASH MEMORIAL 24 FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR VR A15ME (5) 1968

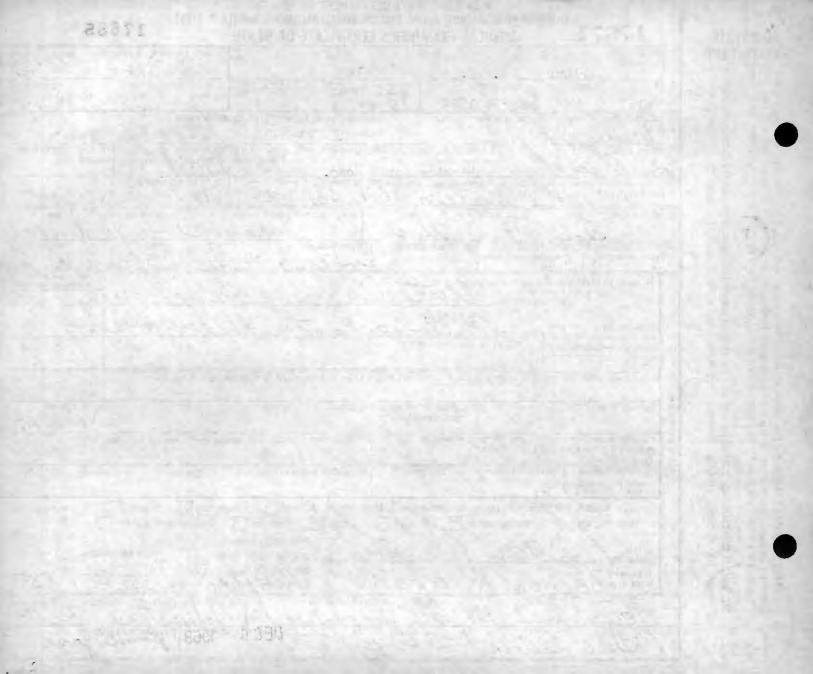
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1. DECEASED NAME (Type or Print) 3. SEX 4. RACE S. DATE OF BIRTH 1. Middle 1. DEST 7. DBIRTHPLACE ENGINE or foreign Country) 7. BIRTHPLACE ENGINE or foreign Country) 10. CITY DR TOWAR DF DEATH 11. MAME DF HOSPITAL OR INSTITUTION (If not in hospital diving-most of working in file, we not referred MINUSTRY) 10. CITY DR TOWAR DF DEATH 11. MAME DF HOSPITAL OR INSTITUTION (If not in hospital diving-most of working life, we not referred MINUSTRY) 12. USUAL RESIDENCE (Where decycled lived, if institution) 13. COUNTY 14. FATHER'S NAME First 15. MOTHER'S MAIDEN NAME First 16. AGE (wyser) 17. MORNING ID MY FROM THE REMOVED THE WINDOWS OF MARRIED 17. MORNING ID MY FROM THE REMOVED THE WINDOWS OF MARRIED 18. CAUSE OF DEATH ((Inter only one couse per logar for) (p), (b), ond (c)) 18. CAUSE OF DEATH ((Inter only one couse per logar for) (p), (b), ond (c)) 18. CAUSE OF DEATH ((Inter only one couse per logar for) (p), (b), ond (c)) 19. DATE OF OPERATION 19. CONDITION STORE WHICH OPERATION WAS PERCONNED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 20. AUTOPSYT YES NO 21. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.) PRIMARY 17 OR CONNERBUTING 19. DATE OF OPERATION 19. DATE OF OPERATION 19. DATE OF OPERATION 19. CONDITION FOR WHICH OPERATION WAS PERCONNED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 221. EXTERNAL CAUSE WAS PRIMARY 17 OR CONNERBUTING 19. DATE OF OPERATION 19. CONDITION FOR WHICH OPERATION WAS PERCONNED 19. LOND THE THE THE WIND WAS PERCONNED 19. LOND THE THE THE WHICH OPERATION WAS PERCONNED 19. LOND THE THE WHICH OPERATION WAS PERCONNED 21. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.) PRIMARY 17 OR CONNERBUTING 221. HOW INJURY OF CURRED 221. MURRY OF CURRED 2222. LIKE OF PART IN THE THE WHICH OPERATION WAS PERCONNED 2223.
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NAME (Type) JELDEN K, JEAR, M, D. ADDESSEMENT CHECKING OF COUNTY) DCC, CO, CO,
230. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)
Burial 12-30-1968 Morningside Cemetery DuBois Dearfield & 24. FUNERAL DIRECTOR J. W. Lee Just ADDRESS Sil. Spr. Md 256. REC'D BY REGISTRAR'S SIGNATURE
Warner E. Pumphrey, Inc. 8434 Georgia Avenue DATUAN 3 1969 Scharles Judge

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17685 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First Middle 20. DATE KNOWN Manth (Type or Print) ESTIay is 3 ta Page AlmDEATH MATED Arthur IF UNDER 1 YEAR 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD pup PM3 Yeor Departm Male 7a. BIRTHPLACE (State of foreign CIFIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED ice alang with farm WIDOWFD E Give Pages the State 12g USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF BEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital after death 12b. KIND OF BURINESS OR give street address a life, even if fetired.) INDUSTRY Washington San Hosp with 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER death. 13a. USUAL RESIDENCE (Where decemed lived, it institution; Residence before 13c. ATY OPTOWN odmission) STATE YES DE NO haurs land 2 offer 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME First Middle shauld be forwarded to the Chief Medical Examiner's O hours pages be executed within 160. WAS DECEASED EVER IN U.S. ARMED FORCES 16b. SOCIAL SECURITY NO ADDRESS penci (Yes, no, or unknown) (If yes give war or dates of service) File awy APPROXIMATE INTERVAL within 18. CAUSE OF DEATH (Enter only one cause per line (g), permit. BETWEEN ONSET AND OFATE pending" PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) event DUE TO, OR AS A CONSEQUENCE OF. burial-transit Conditions, if any, which gave rise ta immediate cause (a), certificate should writing the ward any DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause = pup PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 SD removal CERTIFICATION nsed 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? the certificate, This YES [pe 21g. EXTERNAL CAUSE WAS 5 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.) should MEDICAL PRIMARY OR CONTRIBUTING HOUR A.M. burial, cremation, EXAMINER: CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street at R.F.D. Na. City or Town County State factory, affice building, etc.) NOT WHILE FUNERAL DIRECTOR: Page AT WORK AT WORK Page please execute 220. I certify that Libok charge of the remains described above, held on Autopsy Inquiry ... ond in my opinion funeral director. deoth resulted from: Notural couses. Acciden Undetermined monner prior to CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED SIGNATURE Health **EXAMINER'S** May NAME (Type) the 50 23a. BURIAL CREMATION TERY OR CREMATOR (County VR A15ME (5) DATE 10M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH



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	o o o o o o o o o o o o o o o o o o o		OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. Mai	nth Day Year	HOW INJURY OCCURRED (F	inter nature of injury in Part 1 or Part 2	, Item (B.)
	ATENDING PHYSICIAN: retained by the hospitol or ECTOR: After this certificate shauld be detoched for uwith the State Dept. of Heal	MEDICAL	(If either, natify medical exami 21d. INJURY OCCURRED 21e.	ner) P.M.	ME EARM STREET ENTORY) OLD	LOCATION DOWN DED	Ma Chara Tarra	Equaty State
	hodis control		444110	OFFICE	BUILDING, ETC.	LOCATION Street or R.F.D.	Na. City or Town	County State
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	rend by the Read of the State		saw the deceased c	live an	7 (-19 2C	and that in (mv) (our	apinian death accurred an the o	late and haur and from the
	Help St.		causes stated abov	a, (I) (we) (did) (dida	not) view the bady of	er death.		
	With With		22b. SIGNATURE	0 1	1.	AD ATTENDING	MED. STAFF	DATE SIGNED
	OR DIRE		Del.	ulti	unnyo	PHID.	DIRECTOR PHYS.	14/20/68
	TAI AI Page file		22d. PHYSICIAN'S NAME (Type)	0		22e. ADDRESS	egone !)
	TO HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the haspital or TO FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached for u should be filed with the State Dept. of Heal	-		· · ·		700	scougas.	110
	HC oge	230.		DATE	23c. NAME OF CEMETERY		23d. LOCATION (City or Town)	(Caunty) (State)
	5-5-	24	REMOVAL (Specify) Burial FUNERAL DIRECTOR ()	12-28-68	Ft. Linclo	n cemetery	Bladensburg, D BY REGISTRAR 25b. REGISTRAR	Maryland.
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-8	· 1		DIVISION OF VITAL RECORDS, 301 W		ORE, MARYLAND 21201	4 14 4 4 4 4
0		1	L. CERTII	FICATE OF DEATH	-	17688
,	4		ASED-NAME First Middle	Last 2	o. DATE OF OGATH	2b HOUR
	ent	(e or print) HEIEN F	Amiss	Month Day	Year 2AM
		3 51	4. RACE	S DATE OF BIRTH	6 AGE (In years	IF UNDER YEAR OF UNDER 24 HRS
	S of the second		Female Withite	12-7-89	last birthday)	MONTHS DAYS HOURS MEN
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	hin 24 filled n pape th:n 7	10 (OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION	(If not in haspital 12a, USUAL O	CCUPATION (Kind of work done	12b. KIND OF BUSINESS OR
	with bon with		BETHESOM g ve street address Subur	BAN during most	of working life, even if refired)	INDUSTRY
	plet car	13a adm	UAL RESIDENCE (Where deceased lived, finishtatian Residence before 13c CITY on) STATE 13b COUNTY	OR TOWN 138 INS DE CITY LIMITS?	130 STREET AND NUMBER	,
	completely for carbon y event, with		Montgomery Di	Thesda YES NO	4860 Ch 800	y Chase Bhid.
	S B E E	14	HERS NAME First Middle Lost	15 MOTHER'S MAJDEN NAME First	/ M date/	Last
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	PHYSICIAN: The law requires that the death certificate to hospital or attending physician. This certificate has been signed by the attending physician his certificate has been signed by the attending physician has as the burial-transit permit. Then please Dept. of Health priar to burial, cremation, ar removal, and	100		Helen C. Badge	Address	
	phy ovo		NO	THE LETT C. DAUGE	ST.	
	attending permit. The		PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)	0 2 /		APPROXIMATE INTERVAL BETWEEN ORSET AND DEATH
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	tro to the second secon	П	oting the underlying cause DUE TO, OR AS A CONSEQUENCE OF	Wind to	1/0/10000	5600
	equires tha physician. signed by burial-tron burial, cren	П	si (i) Williams	certue.	Musland	1720
	phy sign		ART 2. OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATE	D TO THE TERMINAL DISEASE OR COND	ITION GIVEN IN PART 1(0)	
	law re nding been s the rar fa	NO	txuu			
	s bi	S	a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	2Da. AUTOPSY?	20b. IF YES, WERE FINDINGS CO	NSIDERED IN CERTIFYING
	语音 古 S 是 \	CERTIFICATION		YES NO	CAUSES OF DEATH?	
	AN: al or ar u		G ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year	c HOW INJURY OCCURRED (Enter not	ture of injury in Part 1 ar Part 2, It	em 18)
	野貨事	MEDICAL	either, natify medical examiner) P.M 19			
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	thi thii detce De		wark at wark	11	"L	
	le de la		a I certify that (I) (this haspital) attended the deceased from.	1100,1900	, to 19-	68 , that (1) (440) last
	FIND ed lid i		saw the deceased alive an	and that in (my) (ext)-opiniar	n death accurred an the dat	e and havr and fram the
	15 25 54 4 15 25 4 4		causes stated abave, (I) (we) (did) (did nat) view the bady aft	er death.		
	REC 3 s d wil			DEGREE PHYS. MED.	STAFF III	ATE SIGNED
	M by	П		PEGREE PHYS. DIRECT	TOR LI PHYS LI	100/00
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital or attending physician. FO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached far use as the burial-transhauld be filed with the State Dept. af Health priar ta burial, creating the state Dept. af Health priar ta burial, creating the state Dept.		O PHYSICANS MAME (Type) MARVIN WADLER	82,8 1 4	sconcentr, h	settindo /11
	Be 4	23a	JR AL, CREMATION 236 DATE 23c NAME OF CEMETERY	OR CREMATORY 23	d .OCATION (City or Town)	(County) (State)
	5 5 5 P P		Burlal 12-28-68 Forest Oa		Gaithersburg,	Maryland
	00	24	NERAL D RECTOR ADDRESS	25g REC'D BY RE		
	VR A15 (4)	H	BERT A. PUMPHREY, Bethesda, M	aryland ANZ	1969 Jeliane	es judge
	1.2	-				



	MARTLAND STATE DEPARTMENT OF HEALTH
- The same of the	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
2	CERTIFICATE OF DEATH
4 24	DECEASED-NAMEEirst / MiddleLost
The law requires that the death certificate be executed within 24 haurs after death attending physician. That been signed by the attending physician and completely fulled in by the funeral isse as the burial-transit permit. Then please remave carbon papers. Pages I and 2 lith prior to burial, crematian, ar remaver, and in any event, within 72 hours after death	Type or print) John The Thomas John Doy, Year on the
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affe and affe	10 July 1 Months Dats House MAN
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and of Man	BIRTHPLACE (State or foreign 76 C.TIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH
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ate be executed within 24 haurs after deat cine and completely fulled in by the funeral edse remave carban papers. Pages I and and in any event, within 72 books after deat and condin any event.	nission) STATE TIN 136-SOMMING (Q. Theren (1/2008ES) NO 3614-17-1
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pryficate t pryficate t en pledse over, and	TILL TID DITTO-1066 FT TILL AMOUNT STANCE HS HOOM
2 25	18. CAUSE OF DEATH (Enter on y one couse per line for (o), (b), and (c))
indi inti-	PART DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Venture of the Confederation of the Confederatio
e de atte	4129 DUE TO, OR AS A CONSEQUENCE OF
the the option	Conditions, fony, which gove)
hat n. yy t ans	nse to immediate couse (a) (DUE TO, OR AS A CONSEQUENCE OF
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hys uria	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO THE TERM.NAL DISEASE OR CONDITION GIVEN IN PART 1(0)
OR ATTENDING PHYSICIAN: The law requires the be retained by the haspital or attending physician. DIRECTOR: After this certificate has been signed by pa 3 shauld be detached for use as the burial-transled with the State Dept. of Health prior ta burial, are	The E. Ville State Companions Commission to Desir Bot Not Replied to the Terminal Disease Orcompil on Green in Part 1(0)
din	TO DATE OF CAMPANAL LIGHT CAMPANAL CONTRACT CONT
e le le le sa	196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 205 IF YES, WERE FINDINGS CONSIDERED IN CERTIFY NG CAUSES OF DEATH?
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cate ar lea	216 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)
日産電場で	tiff either, notify med-col exominer) P.M
HYS has been been been been been been been bee	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. City or Town County Stote
OR ATTENDING PHYSICIAN: De retained by the haspiral or INECTOR: After this certificate 3 should be detached for a	While of work of work
NG Ng the feet of the property	22a. I certify that (I) (this haspital) attended the deseased from 1965, 19, to 17/3/, 1965; that (I) (we) las
d b d b d b d b d b d b d b d b d b d b	saw the deceased give an 1916 19 and that in (my) (aur) animon death accurred an the date and have and from the
OR SELECTION	causes stated above, (1) (we) (dig) (did not) view the bady after death.
A ST PER ST	22b. SIGNATURE 22c DATE SIGNED /
OR OR OR OR OR OR OR OF OR	Deceared Male In A DEGREE PHYS DIRECTOR
ov ov	22d PHYS CIANS 22e. ADDRESS 22e. ADDRESS
SPITAL 4 moy 4 moy lERAL ar, pagar, pagar da be fil	NAME (Type) BERNARD J. WALSH 1800 EYE ST NW WASH DE
O HOS O FUN direct	BURIAL, CREMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCAT ON (City or Town) (County) (Slote)
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certifice Page 4 may be retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician director, page 3 shauld be deflached for use as the burial-transit permit. Then pages the state Dept. of Health prior ta burial, crematian, ar removed.	remation Jan 4, 1969 Cedar Hill Crematory Suitland Md.
	FUNERAL DIRECTOR ADDRESS 250 REC D BY REGISTRAR 250 ORGEISTRAR 5.5 GMANURE
VR A35 (4) 45M - 1/69	os. Gawler Sons 5130 Wisc Ave NW Wash. D.C. MAN 8' 1969



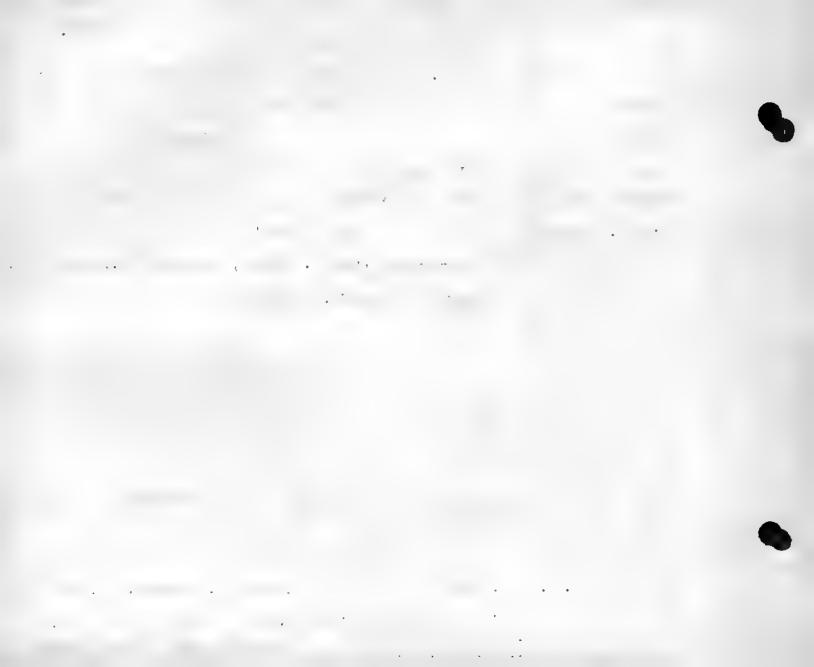
7690 17679 **CERTIFICATE OF DEATH** Reg. Dist. No. I director, filed with 1. PLACE OF DEATH 2, USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) a. COUNTY **b.** COUNTY SUMERL b. CITY OR TOWN (If outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) RURAL and give nearest tawn) d NAME OF HOSPITAL (If not in haspital, give street address) d STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARM? hours YES NO V and 100 Ξ, NAME OF DATE Middle Manth Year filled **DECE ASED** OF DEATH Poges (Type or print) 19 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS letely SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED B. DATE OF BIRTH last birthday) Months Days Hours WIDOWED X DIVORCED | yrs. 12 CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY) 11 BIRTHPLACE (State or foreign country) during most of working life, even if retired) WIFE 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME INFORMANT Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO É 266 WERTH A attending | 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: ala IMMEDIATE CAUSE (a) DUE TO ER10 SCLEROSIS permit. Conditions, if any, which baen signed gave rise to immediate **DUE TO** cause (a), stating the under-ARTERIO SCLEKOSIS EFNER ALIZED puo lying cause last PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES TO NO 200 ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, form, 20f, (City or town) 20d, INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) Hour a. m. While Not white ol work al work p. m. 6 Ythat I last saw the deceased 21. I certify that Lattended the deceased fram and that death occurred at 4.30 from the causes and an the date stated above. alive an ADDRESS (Street, city or town, state) ACTUAL SIGNATURE å FUNERAL DIRE pluods registror NAME (Type) 220. BURIAL, CREMAT ON, 22b DATE/THEREOF 22d. LOCATION (City, town, or county) 22c NAME OF CEMETERY OR CREMATORY (Stale) page REMOVAL (Specify) GRO REINIA 0 24g, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A1S (4) 15M 9/SB

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



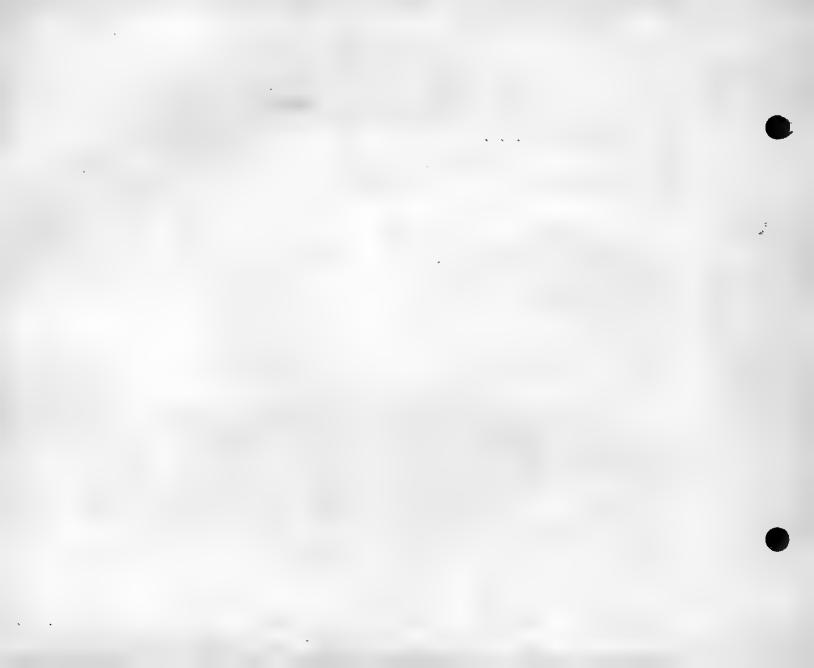
	MARYLAND STATE DEPARTMENT OF HEALTH
15	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17691
*/	CERTIFICATE OF DEATH
Faurs after death.	DECEASED-NAME First Middle Lost 20 DATE OF DEATH 2b HOUR (Type or print)
	Alice I. ASHWELL 22 December 1968 8:10A
	SEX 4. RACE S DATE OF BIRTH 6. AGE (In years Funder 14 Ars.
	Female Cauc 1 Sep 1921 lost birthday) MIN MONTHS DAYS HOURS MIN 47 YRS.
	BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH
	isconsin USA WIDOWED DIVORCED Montgomery
	CITY OR TOWN OF DEATH 11 NAME OF HDSPITAL DR INSTITUTION (If not in hospital 120 USUAL DCCUPATION (K nd of work done 12b KIND OF BLSINESS OR
	Bethesda Give street oddress Naval Hospital Housewife Nousing life, even if retired Nousing life, even if retired
	O. USJAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13d INSIDE CITY UM 159 13e STREET AND NUMBER
	ethesda, Maryland Montgomery Bethesda YES 2 NO 929 Bardon Road
	FATHER'S NAME First Middle Lost 15 MOTHER'S MAIDEN NAME First Middle Lost
	Paul L. ISBERNER Myrtle McNICOL
	io. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (f yes give, wag or dots of service) Address Tomography A STITLET T. OCC. Portagon P. A. C.
	NO 322-24-9391 James T. ASHWELL, 929 Bardon Rd., Bethesda, Md.
	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY:
	. IMMEDIATE CAUSE (o) Bronchial Pneumonia, Left Upper Loeb
/	CH 85 X DUE TO, OR AS A CONSEQUENCE OF
	Conditions, if any, which gove (b) (b) (b)
	storing the underlying couse DUE TO, OR AS A CONSEQUENCE OF
	last, (c)
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE OR CONDITION GIVEN IN PART I(o)
	190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
	YES PS NO CAUSES OF DEATH?
	210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 2216. HOW INJURY OCCURRED (Enter nature of insury in Part 1 or Part
	F CONTRIBUTING CON
	of work of work
	220. I certify that (A) (this haspital) attended the deceased from December 1419 68 to 22 December 9 68 that x0c(we) local land to 150 from December 1419 68 to 22 December 9 68
	22a. I certify that (A) (this haspital) attended the deceased from <u>December 1419 68</u> , to 22 <u>December 968</u> , that XOC(we) last saw the deceased alive on 22 <u>December 1968</u> , and that in (KNY) (aur) apinion death accurred on the date and hour and from the causes stated above, (X) (we) (did) (ACCONTIVING VIEW the body after death.
	causes stated above, of (we) (did) (according view the bady after death.
	22b. SIGNATURE DEGREE PHYS DIRECTOR STAFF PHYS 22c. DATE SIGNED 12/23/68
	DEGREE PHYS DIRECTOR PHYS X 12/23/08
	NAME (Type)
	REMOVAH(Specify) - 7 7 0 /01 / CO
	FUNERAL DIRECTOR Robert A. Pumphrey FORESTA 1 Home 250 RECD BY REG STRAR 250 REG STRAR'S SIGNATURE
	FUNERAL DIRECTOR Robert A. Pumphrey Frineral Home 250 RECD BY REG STRAR 250 REG STRAR 5 SIGNATURE DATE JAN 2. 1989 Closely Judge.



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 7692 CERTIFICATE OF DEATH DECEASED NAME First Middle Last 2a. DATE OF DEATH 2b. HOUR funeral and 2 ter death. requires that the death certificate be executed within 24 haurs after death (Type or print) Month Claude well 3. SEX 4 RACE 5. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) ZHTIMOM DAYS HOUSES YRS 7a. BIRTHPLACE (State or foreign 9. COUNTY OF DEATH 8. MARRIED THE NEVER MARRIED **D FUNEKAL DIRECTOR**: After this certificate has been signed by the attending physicial and completely filled in director, page 3 should be detached far use as the burial-transit permit. Then please semove carbon pagers should be filed with the State Dept. of Health priar to burial, crematian, ar remaval, and in any event, within 22 He country) Virainia WIDOWED DIVORCED [MONTGOMER 120 USUAL OCCUPATION (Kind of wark dane during most at work ng life, even if retired) 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) 5 71 UNIV. Block E 10 CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR INDUSTRY store 13c CITY OR TOWN 13e STREET AND NUMBER Ave. admission) STATE YES NO 14. FATHER S NAME First IS. MOTHER'S MAIDEN NAME First Middle Daniel Ashwell 16b. SOCIAL SECURITY NO Address Jak Park 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Yes, no or unknown) Ashwell 7908 Kennewich Averue 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) BETWEEN ONSET AND DEATH PART 1 DEATH WAS CAUSED BY: 12 112 IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF temerelesitie Conditions, if any, which gave) rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital or attending physician, stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) フルチェア 190. DATE OF OPERATION 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🖂 NO T TO FUNERAL DIRECTOR: After this certificate 21o. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) PM. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town County State While Not while at wark 220. I certify that (1) (this haspital) attended the deceased from 3/2 saw the deceased alive an 13/2 5 19/5, and that ised from. 9, 4, 19, 15, to 12, 32, 19, 4, that (1) (we) last 19, and that in (my) (our) opinian death occurred an the date and havr and from the causes stated abave, (I) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c DATE SIGNED ATTENDING PHYS. MED. DIRECTOR 22e ADDRESS 22d. PHYSICIAN'S NAME (Type) 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City of Town) 23o, BURIAL, CREMATION (County) (Stote) MREMOVAL (Specify) 12-30-1968 Cedar Hill Cemetery Leminin Pumphrey. Inc. 8434 Georgia Avenue DATE

MARYLAND STATE DEPARTMENT OF HEALTH





	ı.	MARYLAND STATE DEPARTMENT OF HEALTH
		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
•		17673 CERTIFICATE OF DEATH 17694
4 _ 24		ECFASED NAME First , Middle Last 20. DATE OF DEATH 2b HOUR
deoth. herol ond 2 death.	1 ((ype or print) Robert 4 Bailey Dec 14 68 6:38 M
5 5	3 S	X 4 RACE 5 DATE OF BIRTH 6 AGE (In years of JINDER 1 YEAR OF UNDER 24 HRS
		Make Caucasion 1 oct. 1909 lost birthday) YRS. MONTHS DAYS HOURS MAN
\$ 80 m	7a	SIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARPHEN 79 COUNTY OF DEATH
ithin 24 how ly filled in propers.	COR	Tenn USA. WIDOWED DIVORCED MONTGOMERY Md.
filled poper him 7.	10.	ATY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in bosoital 12m USLIAL OCCUPATION (Red of work done 12b KIND OF RUSINESS OR
w the first term of the first	5	Liver Spring give street address) the potal during most of working life, even if retired) INDUSTRY
a digital	130	USUAL RES DENCE (Where deceded lived, if institut on Residence before 13c. CIPF OR TOWN 13d INSIDE CITY JIMITS? 13e STREET AND NUMBER
completely tove corbon y event, with	odm	ission) STATE Md 13b. COUNTY Montamery Textorio lock YES INO 6610 ALLEGAONY AUR
	14.	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost
be an		J D Baikey JAME Hoowson
OR ATTENDING PHYSICIAN: The law requires that the death certificate be entertained by the hospital or attending physician. IRECTOR: After this certificate has been signed by the ottending physician and end should be defoched for use as the burial-transit permit. Then please remained with the State Dept. of Health prior to burial, cremation, ar removal, and in an end with the state Dept.		WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT Address
hysi di		(es, na, ar unknown) (It yes give war ar dottes of service) 414-24-9986 Mary Carter Gufford Miss.
of the death certificate of the office of th		18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), grip (ck)) APPROXIMATE INTERVAL BETWEEN DINSEL AND DEATH
ath if inginer in a second in a		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) UNIVERSE THE PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) THE PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)
on, o		DUE TO, OR AS A CONSEQUENCE OF
the he atro		Conditions, if any, which gove
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hosy che	₩.	21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION, Street or R.F.D. No. City or Town County State
the this deto		of work of work
by 1 frer be state	П	22a. I certify that (I) (this haspital) attended the deceased from 1 (19), ta 1,/10 (1) (we) last saw the deceased alive bin 1 (1) (we) last m (my) (aur) apinian death accurred an the date and haur and from the
END ed ed ld	Н	saw the deceased alive on, and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated abave, (I) (we) (dip) (did not) view the body after death.
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REG 3	1	HOLLY CHANGE PHYS DIRECTOR DIRECTOR PHYS. 12/15/68
V by		224 PHYSICIAN'S 220 ADDRESS
RAI FILT		NAME (Type)
Page 4 may be retained by the hospital or attending physician. Foge 4 may be retained by the hospital or attending physician. For EUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in adjustion, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pages, abound be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 haurs	230	EURIAL CREMATION, 23h DATE 23c NAME OF CEMETERY OR CREMATORY 23d UDCATION (City or Town)) (County) /7 (Stote)
O Pografia		REMOVAL (Specify) Nic 19 1968 Durgoinscelles James, Aurencen ruella James
	24	FUNERA DIRECTOR ALL STATES ADDRESS ADDRESS SIGNATURE
VR A15 (4) 30M REV 1/68		DATE DEC 18 1968 Icharles Judge



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17695 CERTIFICATE OF DEATH DECEASED NAME M.ddle 2g, DATE OF DEATH 2b. HOUR (Type or print) executed within 24 haurs after 3. SEX 4 RACE DATE PE IF UNDER 1 YEAR DAYS HOURS YRS ve carban papers. Pa event, within 72 haurs 70 BIRTHPLACE (Stote or fore an 7b CITIZEN OF WHAT COUNTRY? B. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED [7] DIVORCED [10 CITY OR TOWN OF DEATH II NAME OF HOSPITAL OR INSTITUTION, If not in hospital during most of working life eyen if retired.) emave carban 130. USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13d INSIDE CITY HIMITS? 14 FATHER'S NAME IS. MOTHER'S MA DEN NAME First Midde The law requires that the death certificate 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT 224-16-6000 Wife transit permit. There crematian, ar remayal g b 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) Myocardial APPROX MATE INTERVA PART I. DEATH WAS CAUSED BY IMMEDIATE (AUSE [a] remote, left ventricle (posterior) & septum DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) Coronary thrombosis signed by the burial-transit rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couses (d) Severe coronary arteriosclerosis PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED. 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES K NO T TO FUNERAL DIRECTOR: After this certificate 210 ACCIDENT WAS UNDERLYING 215 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) DR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM STREET FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Not while at work TO HOSPITAL OR ATTENDING Page 4 may be retained by th 220. I certify that (I) (this haspital) attended the deceased from 1965 _ 196 \$ 10 /2/ , that (I) (we) lost 19 5, and that in (my) (our) opinion death occurred on the date and hour and from the saw the deceased alive on..... director, page 3 should should be filed with the couses stated above, (1) (we) (aid) (did not) view the body ofter death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING DEGREE PHYS DIRECTOR 22d PHYSICIAN'S Betheado 22e ADDRESS NAME (Type) NAME OF CEMETERY OF CREMATORY, ount Greenwood 23a ON (City or Town) Cook (ounty) 24. FUNERAL DIRECTOR RObert A. Pumphreaporess 7557-Wisconsin Ave., Bethesda, Md.



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11		もかれるこ	DIVISION OF VITAL RECOR	*		IMORE, MARYLAND 21201	
• ; //		1.703.3			OF DEATH		17696
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he International	CERTIFICATION	The same of organism	CONDITION WHICH OF EXAMELY	STERIORIES 2	YES 😿 NO 🗀	CAUSES OF DEATH?	Yes
CIAN: Toital or difficate la far us	MEDICAL CERT	210. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEAT (If either, notify medical examin	H HOUR A.M. Month Day	Year 19		r nature of injury in Port 1 or Part	
PHYSI he hasp this cer letached	ME	21d INJURY OCCURRED 21e White Not while	PLACE OF INJURY (AT HOME, FARM, STRE OFFICE BUILDING, ETC	ET, FACTORY.) 21F LOCATIO			Caunty State
TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital or attending TO FUNERAL DIRECTOR: After this certificate has beadirector, page 3 shauld be detached far use as the shauld be filled with the State Dept. of Health priar to		22a. I certify that (X) (the	is hospital) attended the dec live an 29 Dec . (W (we) (did) (ddas) view	eased from 11 1968, and tha the bady after death	<u>łov•</u> , 19 <u> °</u> it in (X© ≰) (aur) api i.		19_68, that (M(we) last date and have and from the
OR AI be reta SIRECTO 9 3 sh e 3 sh e 3 sh		22b. SIGNATURE	10/4			MED. STAFF INTERFECTOR PHYS. & 2	22. DATE SIGNED 29 December 1968
FITAL FRAL Tr. pag d be fill		22d. PHYSICIAN'S NAME (Type) Michae	el B. Mosher, MD	•	22e. ADDRESS The Institutes	Clinical Center of Health, Bet	r, National thesda, Md. 2001
10 HOSPITAL Page 4 may 10 FUNERT, pag shauld be fill	23a.	BURIAL, CREMATION, 23b. I		OF CEMETERY OR CREM		23d. LOCATION (City or Town) Roanoke, Vii	(County) (State)
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1 1		17696	DIAISION OF ALLY		ICATE OF DEATH	TIMORE, MARYLAND 21201	17697
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	. SE	Male	4. RACE Whi	te	5. DATE OF BIRTH 720 - 9	6 AGE (in years lost birthday)	F UNDER I YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
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oval, and in any event, within 72	3o. dmi	USUAL RESIDENCE (Where deceos ssion) STATE - Urrainia		rfax Alex	OR TOWN / 13d. INSIDE CITY	130. STREET AND NUMBER NO 5420 North	
1/	4. F	ATHER'S NAME FUST DIRK	Middle	Bart	15 MOTHER'S MAIDEN NAME	First Middle Dina	Schuit
val, and	60. Y	WAS DECEASED EVER IN U.S. ARA es, no, or unknown) (If yes give w	NED FORCES? or or dates of service) 5//	1-56-2283	7. INFORMANT Wash. San	Records	
should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72	NO	Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse last.	DBY. ATE CAUSE (o) DUE TO, OR AS A COM (b) DUE TO, OR AS A COM (c)	NSEQUENCE OF SEQUENCE OF	Primary D TO THE TERMINAL DISEASE OF	R CONDITION GIVEN IN PART 1(0)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 3 mos, 6 mos-??
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		ot work of work	PLACE OF INJURY (AT HOME OFFICE E		F. LOCATION Street or R F.D. N	100	County State
		saw the deceased a causes stated above	i s hespitel) attended live an	the deceased from 1968, it is a second to the second to t	and that in (my) (our) a er death.	b 8 , to 00c/// , pinian death accurred an the	19 <u>60</u> , that (I) (we) -last date and havr and fram the
		22b SIGNATURE	Fishin	an i	EGREE PHYS.	MED. STAFF DIRECTOR PHYS. D	2c DATE SIGNED 8
o De II		22d. PHYSICIAN'S NAME (Type) W. U	Eastman, I	1.0.	22e. ADDRESS 831 Uni		Silver Spring Md
L.	L.	BUR AL, (REMATION, 23b	2/14/1968	231 NAME OF CEMETERY		23d LOVAT ON (City or Town)	(County) (Signe)
(4) 1/68	24.	FUNERAL DIRECTOR / NUK,	INSTON.	Var	MA Travel DABEC	BY REGISTRAR 2Sb REGISTRA 1968 2CL	wley Indae



Y 1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
//	17657 CERTIFICATE OF DEATH 176	202
÷ 2 ÷	1 DECEASED NAME First / Middle Lost / 2a. DATE OF DEATH	2b HQUR-
r death. uneral I ond 2	(Type or print) Nellie E. Beall Tice 27. 1	465 9 30 M
offer offer	3. SEX 4. RACE 4. RACE 5 DATE OF BIRTH 16 AGE (In years lost byrthody) 10 AGE (In years lost byrthody) 10 AGE (In years lost byrthody) 10 AGE (In years lost byrthody) 11 A NORTHS	R I YEAR IF UNDER 24 HRS DAYS HOURS MIN
	TO BIRTHPLACE (Store or foreign / 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH /	
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within 24	The that was the the that the the	XIND OF BUSINESS OR JUSTRY
executed within 24 hours and completely filled in the semone carbon papers to ony event, within 72 hours	130 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) STATE 13b COUNTY Residence before ACCLUI PES NO 156 - Lee Control of the STATE NO 156 - Le	1 sitret
ond con remo	14. FATHERS NAME First Middle Aost S MOTHER'S MAIDEN NAME First Middle	7 Last
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Page 4 may be retained by the hospital or ottending physician. 5 FUNERAL DIRECTOR: After this certificate has been signed By the attending physician and completely filled director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pages should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72	160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, ar unknown) (1 yes give war acdotes all service) 17 INFORMANT 18 January 19	with Mids
ng pl	18 CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c))	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital or ottending physicion. TO FUNERAL DIRECTOR: After this certificate has been signed Illy director, page 3 should be detached for use as the burnol-transhould be filed with the State Dept. of Health prior to burial, crea	While Not while of work of work	•
by Wifter Stot	22a I certify that (I) (this hospital) attended the deceased from Dec 18 , 1905 , to Dec 27 , 19 68 saw the deceased give an Dec 27 , 1968 , and that in (my) (our) apinian death accurred an the date and	, that (I) (we) last
ined over the	causes stated abave, (1) (we) (did) (did nat) view the bady after death.	nour and from the
RECTOR S Shrith	226 SIGNATURE / PHYS DEGREE PHYS DECTOR DELTOR 12/25	NED / C P
AL O yy be L Di noge	22d. PHYSICIAN'S THE WAR AND THE STREET OF T	108
SPIT. 4 mc NERA for, F	3411 Gells of Hitlashu	ment mel
TO HOSPITAL Page 4 moy TO FUNERAL I director, pog should be fil	230 BURIAL (REMATION, BURIAL Specify) 12/30/1968 23c NAME OF (REMATORY ROCKVILLE Cometery Rockville Montg.	Md. (State)
VR ALS ALS	Tyson Wheeler Funeral Home Rockville Pike Rec D BY REGISTRAR 25b REGISTRAR'S S GNATURE ROCKVILLE, Mal DATE AN 3 1969 Clorles	Indae .



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17699 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Lost 20 DATE OF DEATH 2b. HOUR and 2 requires that the death certificate be executed within 24 havrs after death (Type or print) Month and campletely filled in by the funeral remave carbon papers. Pages 1 and William Thomas papers. Payer 72 hours after S DATE OF BIRTH 4. RACE 6. AGE (In years F JADER I YEAR 3. SEX F JMDER 24 HRS lost birthday) MONTHS DAYS HOUR, Male White August 27. 1885 YRS Zo. BIRTHPLACE (State or fore an 76 CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8 MARRIED NEVER MARRIED Maryland U.S.A. WIDOWEDXX DIVORCED [Montgomery 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address bbbs during most of working life, even if retired.) INDUSTRY Silver Spring Construction arpenter 130 STREET AND NUMBER 622 Hobbs Drive 130 USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d #NSIDE CITY LUMITS? 13b COUNTY YESTOK NOT duy 14 FATHERS NAME Middle IS MOTHER'S MAIDEN NAME First Middle Lost W. Beall George Mary Wilson 16b. SOCIAL SECURITY NO 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Address Maruland Yes, gg, or unknown) Caroline Reall 622 Hobbs Drive. 214-03-8698 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART 1 DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) cremat **burial-transit** rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF physician. stoting the underlying couse; signed t PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) prior to b as the has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🔲 NO | TO FUNERAL DIRECTOR: After this certificate 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) į be retained by the haspital OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M. detached 21d MUURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. State City or Town County While Not while at work 4/ to Dec /lene 22a. I certify that (1) (this haspital) attended the deceased from.... __1900, one that in (my) (our) opinion death occurred on the date and hour and from the saw the deceased olive an.... Dec 4 causes stated abave, (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING PHYS. MAZ DEGREE director, page 3 should be filed v DIRECTOR Page 4 may 22d. PHYSICIAN S 22e ADDRESS UNIU. BLUDE, NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230 BURIAL, CREMATION, 23b. DATE (County) (Stote) BREMOVAL (Specify) George Washington Cenetery Adelphi.

ADDRESS Sil. Spr. Md. 250. REC'D BY REGISTRAR 250 RE 12-11-1968 25b REGISTRAR'S SIGNATURE DATE DEC 1 6 1968 Inc. 8434 Gaorgia Avenue Pumphrey.



		MARTLAND STATE DEPARTMENT OF HEALTH
1 die	1 . 1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
70		17700 CERTIFICATE OF DEATH
	erd erd 23/d 2 eath.	1 DECEASED-NAME (Type or pnnt) Day (Pear 2b. Hou)
	affer of the contract of the c	3 SERVINGO 4 RACE S DATE OF BIRTH OF AGE (In years list under 1 year in under 24 High and 1 years lost burilyday) S DATE OF BIRTH
	hours of hours of hours	70 BIRTHPLACE Spore or fareign 76. CITIZEN OF WHAT COUNTRY 3 MARRIED NEVER MARRIED 9 COUNTY OF DEATH
	filed in paper nin 72	116 DIVORCED
	within 24 hours affectively filled in by the subon papers Pages, within 72 hours affectively	10 CHY OF TOWN OF OBATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital drying most at working life, even if retired) 12 USUAL OCCUPATION (Kind of work done drying most at working life, even if retired) 13 NAME OF HOSPITAL OR INSTITUTION (If not in haspital drying most at working life, even if retired)
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(and con	14 FATHER S. NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle R. Lost
	ate by ician a lease and ii	160. WAS DECLASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Address IV
	physician physician en please aval, and	Yes profor holknown) [(I yes give wor or doines of service) 216-32-1337 A Bessie B. Beane, 129 S. Adams, Rockvill
	certif g phy Then mava	18 CAUSE OF DEATH (finite rouly one rouse per line for (o) (h) and (c))
	of the death cer the attending p sit permit. The matian, ar remar	PART I DEATH WAS CAUSED BY Acute Myelocytic Levkemia Immediate cause (o) Acute Myelocytic Levkemia Ima.
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	AN: The off or att cate has consecuted the Health p	YES NO CAUSES OF DEATH? 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)
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	PHYSI e hasp nis cert rtachec Dept. o	While [] Not while []
	V thr y thr er the ore de	22a certify that (1) (this haspital) ottended the deceased from Dec 23, 1968, to Dec 25, 1968, that (1) (we) to
	TENDI ined b OR: Aft auld b	saw the deceased give an 19 (3), and that in (my) (eur) opinion death accurred on the date and haur and from t causes stated above, (1) (wa) (aid) (did not) view the bady after death
	OR AT De reto NRECTO e 3 shu	226 SIGNATURE James W! Egan Begree Phys ATTENDING X MED DIRECTOR DIRECTOR PHYS DIRECTOR 1220 DATE SIGNED 12.25.65
	O HOSPITAL OR ATTENDING PHYSICI Page 4 may be retained by the haspit 5 FUNERAL DIRECTOR: After this certif airectar, page 3 shauld be detached i shauld be filed with the State Dept. of	22d PHYSICIANS NAME (Type) James W. Egap, M.D. 22e ADDRESS Cedar Lane-Bethes du M
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by airectar, page 3 shauld be detached far use as the burial-transhauld be filed with the State Dept. of Health priar to burial, creating the state Dept. of Health priar to burial, creating the state Dept.	230 BURIA. (XCMAXION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Caunty) (Stole) Rockville Cemetery Rockville, Montgomery, Md
	V8 A15 A	24 FUNERAL DIRECTOR ADDRESSRethes de Mal 250 REC D BY REGISTRAR 250 REGISTRAR S SIGNATURE
	45M 1X	Robert A. Pumphrey, 7557 Wisconsin Ave Date JAN 2 1969 Icharles Judge



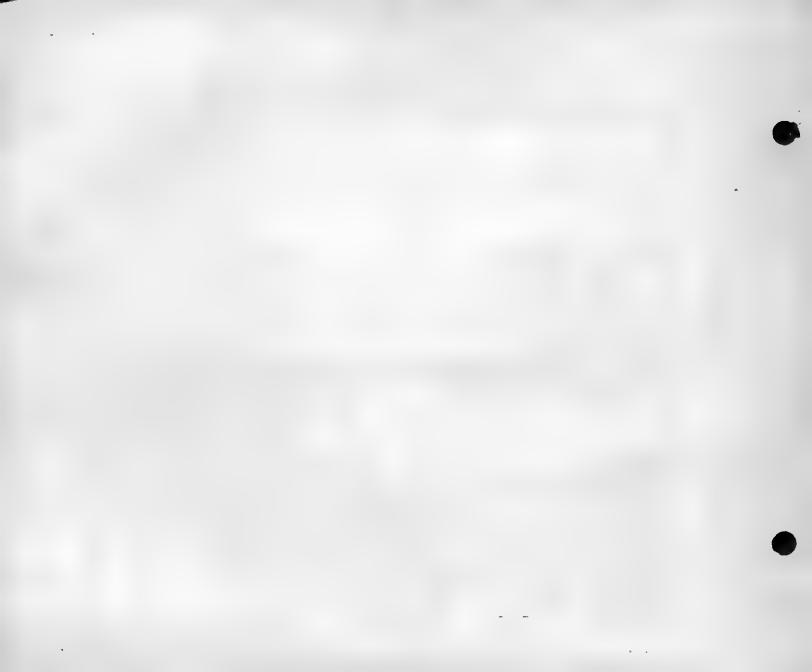
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admission) a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENCTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest towolf write RUBAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) ETHESOA d. STREET ADDRESS e. IS RESIDENCE ON A FARM? NO P YES NAME DE Middle DATE Month Day DECEASED (Type or print) DEATH 19 remove 6. COLOR OR RACE DATE OF BIRTH ACE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months Days Hours Min. 7. MARRIED NEVER MARRIED 8. knowledge WIDOWED DIVORCED Medical 10a, USUAL OCCUPATION (Cive kind of work done) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHA during most of working life, even if retired) **A INDUSTRY** FATHER'S NAME 14. MOTHER'S MAIDEN NAME гешоуа 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address 17. (Yes, no, or unknwn) (If yes give war or dates of service) a1pq signed CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN John ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Acute myocardial infarction Congestive Heart Disease 3 vrs. Conditions, If any, which Dr gave rise to immediate 함 DUE TO cause (a), stating the Arterio-sclerotic heart disease Jo years underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) WAS AUTOPSY PERFORMED? permission NO F YES [20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (State) 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. Not While at work at work 1958 to Dec. 21. I certify that (I) (this hospital) attended the deceased from Jan. 19.68 that (I) (we) last saw the deceased alive on 4 December 19.68, and that death occurred at 3.8 M, from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SICNED ATTENDING STAFF PHYS. ausus DIRECTOR PHYSICIAN'S 22d. ADDRESS 11412 Veirs Mill Road director, p should be Richardson, M.D. Wheaton, Maryland BURIAL, CREMATION, 23b. DATE THEREOF _23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) **BEMOVAL** (Specify) **FUNERAL DIRECTOR** ADDRESS REC'D BY RECISTRAR VR A15 (4) 20M 1/65



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requires that the death certificate be executed within 24 g physician. n signed by the attending physician and campleter filled burial-transit permit. Then please remave carban paper burial, crematian, ar removal, and in any event, within 72		lost. (c)		
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Signature Signat	MEDICAL	(If either, notify medical examiner) P.M.	19	
G PHYSIC the haspi this certi detached	2	2 d IN. JRY OCCURRED 21e PLACE OF INJURY (AT HOME FARM, STRE While Not while)	EF, FACTORY.) 21f LOCATION Street or R.F.D. No.	City of Town County State
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital or attending physician. To FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached for use as the burial-transhauld be filed with the State Dept. of Health priar to burial, cre.	230			LOCAT ON (City or Town) (County) (State)
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VR A15 (4) 45M - 1 69	1	Los Shuly Sam 5120	Wisa Alle All DATE DEC 9	1968 Clarles Juste
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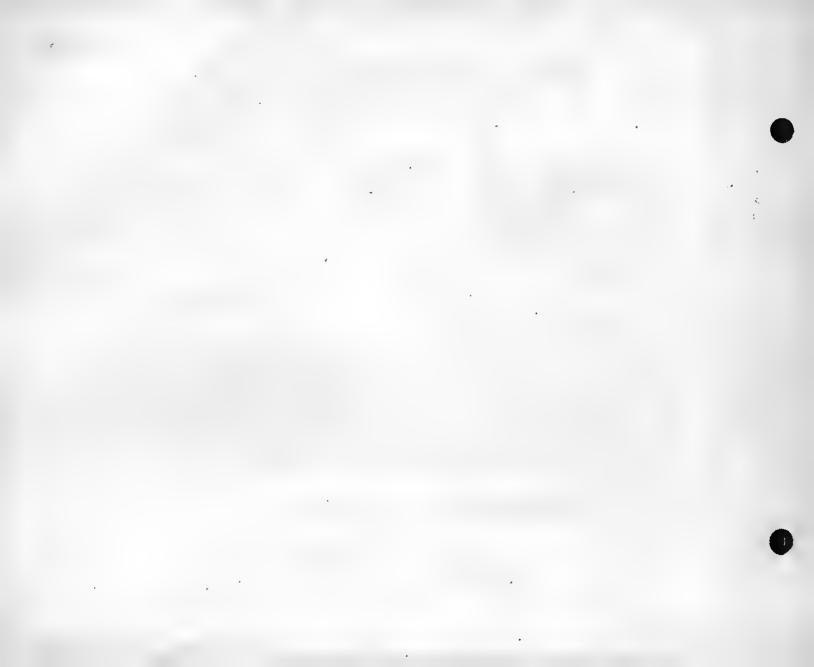
	1-24-69 ams DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 212013/5/59	hosp.
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	703
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INER: This certificate shauld be executed within 24 e certificate, writing the word "pending" in pencil in should be forwarded to the Chief Medical Examiner's files. 3 shauld be used as a bunal-transit permit file pages otion, or remayal, and in any event within 72 hours	16o. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dates of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	
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blocal EXAMINER: olease execute the cert director. Page 4 shoule efained far your files. DIRECTOR: Page 3 shau or to burial, cremotion,	22a. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry .	and in my opinia
ICA tor.	death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined manner	and at my opinio
eos direction tain to	CHIEF MEDICAL EXAMINER	
	SIGNATURE ASSISTANT MEDICAL EXAMINER 226 DATE SIGNED	
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8	REMOVA (Specify) Cremation 1-13-69 Washington San & Hospital Takoma Park Mon	
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TOM REV 1768	J.D. Ruffcorn, 7600 Carroll Ave., Tk Pk, Md. DATE AN 13 1909	0



	T÷	MARYLAND STATE DEPARTMENT OF HEALTH ems 5. 6 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
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71		PIM	CION OF VIT	MARYLAND					// AAID @1001		
	1760	1 DIVI	SION OF VII	AL RECORDS, 3	ERTIFICAT			t, MAKT	LAND 21201		
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			TOUR A.M. Mo	IRY Inth Day Year	21c. HOW II	NJURY OCCURRE	D (Enter natur	e of injury	in Part I or Part 2	, Item 18)	
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Z4.	FUNERAL DIRECTOR RO	bert A.	Pumphr	ey ADDRESS	Dath	250	REC D BY REGIS	6 196	25b. REG STRAR	S SIGNATURE	442
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. 1			DIVISION OF VITAL RECORDS,	301 W. PRESTON STREET, BALT	IMORE, MARYLAND 21201	
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110		sow the deceosed of causes stated above	s hospital) ottended the deceose ive on December 7 1' ,(I) (we) (did) (did not) view the l	ody ofter deoth.	imon aeoin occurrea on the do	ore and nour ond from the
-		226. SIGNATURE	001		1 22c.	DATE SIGNED
		Stuarts	Velson		MED STAFF DIRECTOR PHYS D	7-10-65
>		22d. PHYSICIAN'S NAME (Type) STUA	RT. NELSON	220. ADDRESS Clys	W. Blod. E. Silve	a Spring MA
	23a	BURIAL, CREMATION 23b, I	DATE 23¢ NAME OF (CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(County) (State)
		PENOVALISPECTICA DA	20,12 1968 Mount	alwel Cemetry	Waltungton	WC.
[4]	24	EUNERAL DIRECTOR	charge 294 Clare	EDEX SHOULD NO	ey reg strar 25% reg strar s	SIGNATURE
1/68-	11	EURACULA (C25 Y	and that washing	DATE UL	O T PO 1000 June	The same of the sa

MAKTLAND STATE DEPAKTMENT OF HEALTH





- 1	きでのので	DIVISION	OF VITAL RECORDS		EPAKIMENI UF STON STREET, BAI		RYIAND 21201		
	£4 U. W				TE OF DEATH			17708	
L	(Type or pant)	Charles	Middle Edward		last and	2a. DATE O	F DEATH 12 Manth 19	Day 68 Year	25. HOUR 3:10M
3.	sex Male	4 RACE	Colored	5	DATE OF BIRTH 1/4/71		6. AGE (In years last birthday) 7/R	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
7a ca	BIRTHPLACE (State or foreign untry) Maryland	76 CITIZEN O	F WHAT COUNTRY?	8 MARRIED X	NEVER MARRIED DIVORCED	9. COUNTY O			
10,	Olney	9	NAME OF HOSPITAL OR I	NSTITUTION (If not	in hereital 12n HC	UAL OCCUPATION	Kind of work don	12b KIND OF E	Md. BUSINESS OR
13e adı	usual RESIDENCE (Where de mission), STATE Maryland	reased lived, if ins 13b. COUNT	titutian: Residence before On t gome ry	Silver	DAALM 1991 MARKE CO.	tim from	TREET AND NUMBER	ck Road	
14.	FATHER S NAME First	Midd	le Last	15 /	NOTHER'S MAIDEN NAME	First	Middle		Last
	Thomas		Bond		Julio	е	Ann	Sed	gwick
16	a. WAS DECEASED EVER IN U.S. Yes, na, ar unknawn) (1) yes	ARMED FORCES? give wor or dates of service	16b. SOCIAL SECURIT		ORMANT		Address		
	18. CAUSE OF DEATH (Ente		577-44-		Medical Re	ecords		1 DDDAVIA	ATE INTLEVAL
NOI	Canditians, if any, which go use to immediate cause (stating the underlying cau lost. PART 2. OTHER SIGNIFICANT	(a), (b), (b), (c) DUE TO, (c) (c)	clevosis	F NOT RELATED TO T	HE TERMINAL DISEASE OF			/0	days.
CERTIFICATION	19a. DATE OF OPERATION		WHICH OPERATION WAS I		20a. AUTOPSY? YES NO [CAUSE	F YES, WERE FINDINGS S OF DEATH?		ATIFYING
MEDICAL CI	OR CONTRIBUTING CAUSE OF	OEATH HOUR A	M.	19	INJURY OCCURRED (En				
200	21d INJURY OCCURRED While Not while at work	21e. PLACE OF INJUI	RY (AT HOME FARM, STREET, I OFFICE BUILDING, ETC.	ACTORY.) 21f LOCA	TION Street ar R.F.D. N	Na. City	ar Tawn	County	State
	22a I certify that (I) saw the decease causes tated ab	(this haspital) d alive an ave, (I) (we) (d	attended the decea Lec. 19 (did nat) view thi	sed from 1964 , and to bady after de	, 19 ₁ hat in (my) (our) a oth.	D, to 1	accurred an the	date and haur a	(!) (we) last nd fram the
	22b. SIGNATURE Cash	and a	. Yalu	h S DEGREE	ATTENDING PHYS 22e ADDRESS	MED DIRECTOR	STAFF PHYS 22	DATE SIGNED	68
	NAME (Type) char	d Yates,	м.р.		Old Balt	imore Ro	oad, Olney	/, Md.	
230	BURIA., (REMATION, PEMOVAL (Specify)	36 DATE 12-23-	68 ASH	F CEMETERY OR CR	EMATORY RIAL CEM	23d TOCATIO	ON (City or Town) ON SOP 256 REGISTRAF	(County)	(State) G. Md.
1	Capert K.	Same	len Ran	barge.				men lus	Se.



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, 1		17008	DIVISION OF VITAL RECORDS,	301 W. PRESTON STREET, BALT	IMORE, MARYLAND 21201	
1		24 37, 43	(ERTIFICATE OF DEATH	1.7	7709
÷ -2÷		ECEASED-NAME F rst	Middle	Last	20. DATE OF DEATH	Zb HOUR
dea	((ype or print) DAU!	0	BORACK	Month Day	Year 3 AM
fun fun	3 S	X	4. RACE	S. DATE OF BIRTH		FUNDER I YEAR IF JINDER 24 HRS.
aft the saft	/	NAIG	CAUCASIAN	8/14/0	lost birthday) YRS.	MIM SALDH SYAG RAIM
The same of the sa	70		b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
1 hours after death in by the funeral Poges 1 and 2 2 hours after death	COU	MIN) BALLIMUKE	4-5.A.	WIDOWED DIVORCED	Montgomera	
	10 (THY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR INS		N. OCCUPATION (Kind of work done	12b. KIND OF BUSINESS OR CO
equires that the deoth certificate be executed within 24 hours after death physician. signed by the attending physicion and campletely filled in by the funeral buriol-transit permit. Then please remove carbon gapes. Pages I and burial, cremation, or removal, and in any event, within 72 hours after death burial, cremation, or removal.		SILVER SPR.	give street address)			HEIDE BAKING
drb.	_		1 lived, if institution: Religience before	ISC CITY OR YOWN 136 INSIDE CITY II		HEIVE DAKING
mpl mpl	odm	USUAL RESIDENCE (Where deceased issign) STATE MARY AMD	13b. COUNTY			Branch
xec J ca mov ny 6		FATHER S NAME First	Middle Lost	15. MOTHER'S MAIDEN NAME F	74.6	lost
anc anc rei		HARRY	BORACK	BEL		BOOKBINDER
te b ion ion ind	160					
fica ysic ple ple	1	WAS DECEASED EVER IN U.S. ARMEI (es, pozoEunknown) (II yes give wor	or dates of service) TARMY 217-14-257		BORACK. 9312 PINEY	VER SPRING, MD BRANCH RD.
erfi ph hen hen	H	, II II I		J MRS. ANTIA	BURACK, 7512 FINLY	APPROX MATE INTERVAL
th of Jing		PART I, DEATH WAS CAUSED	one cause per line for (o), (b), and (c))	and it is Part		BETWEEN ONSET AND/DEATH
deo deo tenc mit or		IMMEDIATE	CAUSE (a)	cardial interestic		473/10
he at	ŀ	Conditions, if any, which gave)	DUE TO, OR AS A CONSEQUENCE OF	DI		
at the the mosit		nse to immediate couse (a),	(b) Conorary	Thrompesis		
the idea.		stating the underlying cause	DUE TO, OR AS A CONSEQUENCE-OF	atherosclerosis		
ysic ysic med riol			(0)			<u> </u>
requires that the deoth certificate be executed within 24 hours after death g physician. I signed by the attending physicion and campletely filled in by the funeral e buriol-transit permit. Then please remove carbon pages. Poges 1 and 3 oburial, cremotion, or removal, and in any event, within 72 hours after death		PART Z OTHER SIGNIFICANT COND	ITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE ORC	UNDITION GIVEN IN PART I(a)	
ow ding eer the	<u>S</u>	19g. DATE OF OPERATION { 19b. CO	AL BUTION FOR WHILE IN ORDATION WAS DED	FORMER DO- ANTORONO	aft if yes then summine can	COLORED IN CERTIFICATION
e le le la	3	176. DATE OF OPERATION 176. CO	INDITION FOR WHICH OPERATION WAS PER		206 IF YES, WERE FINDINGS CON: CAUSES OF DEATH?	SIDERED IN CERTIFYING
e h e h	CERTIFICATION	210. ACCIDENT WAS UNDERLYING	LOSE TOWN OF INDUSTRAL	YES NO NO		
AN all collication for Head		OR CONTRIBUTING CAUSE OF DEATH	21b TIME OF INJURY HOUR A.M. Month Day Year P.M. 19	210 HOW INJURY OCCURRED (Enter	nature of injury in Part 1 or Port 2, Iter	n 18.)
SICI spit spit ertif ed ded	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examine)	r) P.M. 19			
OR ATTENDING PHYSICIAN be retained by the hospital of the start this certificor e 3 should be detached for ed with the Stote Dept. of He	45,	21d INJURY OCCURRED 21e Pl While Not while	ACE OF INJURY (AT HOME, FARM, STREET, FACT OFFICE BUILDING, ETC.	ORY) 21f. LOCATION Street or R.F.D. No.	City or Town	County State
G		While Not while at wark				
DIN by be be Sto		22g. I certify that (1) (this	haspital) attended the decease	d from Dec 2, 196 Les, and that in (my) (aur) api	3 , to 00 3 , 19 C	that (1) (we) last
R: /		causes stated above.	(1) (we) (did) (did nat) view the b	adv after death.	nian death occurred on the date	and nour ond from the
ATI ATI		226. SIGNATURE		ſ .	22c. DA	TE SIGNED!
OR DE LA SE		Duna M.	Kendlan Mi)	DEGREE PHYS D	ED. STAFF 12	13/68
AL Doge file		22d. PHYSICIAN'S	10000	22e. ADDRESS		1-1-
ERA ERA		NAME (Type)		HOLY CROS	S HOSPITAL, SILVER	SPRING
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 2 Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon has should be filled with the State Dept. of Health prior to burial, cremotion, or removal, and in any event, within a should be filled with the State Dept.	23 c	BURIAL, CREMATION, 23b. DA	TE 23c NAME OF C	EMETERY OR CREMATORY	23d LOCATION (City or Town)	(County) (State)
5 5 9 P E		BURIAL 12-4	4-68 RUDOMER	VEREIN	ROSEDALE, MARYLAN	
Ve Al Conf	24	FUNERAL DIRECTOR	ADDRESS	250_REE D-8	M DECKETOAD OC DECKETOADES SIG	
30M REV VOD	ÞΟ.	L LEVINSON & BRO	DS.,6010 REISTERST	OWN ROAD DATE	1968 250 KEGISIKAKS SIG	to yourse

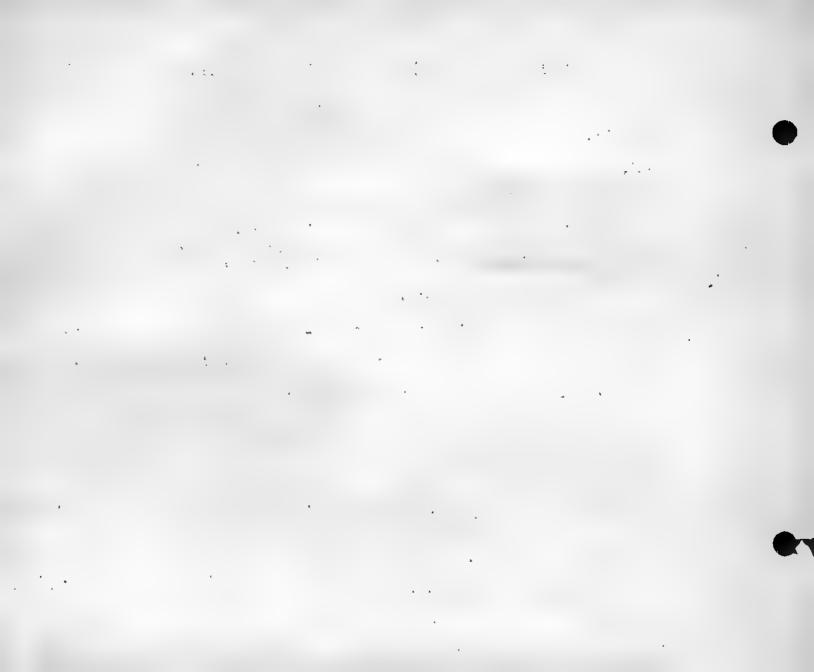


12	1	MARYLAND STATE DEPARTMENT OF HEALTH	
FOR STATE		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1	7710
HEALTH DEPT.		DECEASED-NAME First Middle Lost 20 DATE KNOWN Month Do (Type or Print) OF ESTI-	
ny deloy is 2, and 3 to PM3. Poge		/VI 4 10-20 - Mc /36 U/es DEATH MATERIAL DEC /	21-68 PM
2, and 3 2, and 3 PM3. Popularing	3. 5	SEX 4. RACE 5. DATE OF BIRTH 6 AGE in years 1 UNDER 28 HZ 2c DATE PRONOUNCED DEAD	Year 2d HOUR
b A d		7-e. W- Nov. d6, 1907 60; YRS Dec. 26	Year 1968 12 30
The second second		BIRTHP.ACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH	
ages 1, th farm		1 2 11 16 1 10 10 10 10 10 10 10 10 10 10 10 10 1	e/ Md
0) 0 -	10	(ITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in baspital during most of working life even if refixed) 12a USUAL OCCUPATION (Kind of work done like a ven if refixed) 11 NAME OF HOSPITAL OR INSTITUTION (If not in baspital during most of working life even if refixed)	DUSTRY
- W 11	_	13 et ne sole 1 15007 Aberdeon KI Housewife	
本 		LSUAL RESIDENCE (Where deceased lived, if institution Residence before 13c (TY OR TOWN 13d NSIGE CITY . M. TS7 13e. STREET AND NUMBER odm ssion) STATE AA 13b. COUNTY 4 2 4 4 4 4 4 5 5 7 7 NO TOWN	
cerptong cerptong d2 with ir death	-	Meniferior De Mene De Marie	
within 24 hours after pencil in Item 18. Grominer's Office Peter le pages Land 2 with 72 hours ofter death	14.	FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle	Last
24 ris (L	MaxMILLIAN Sollinger Etizabeth DEIBA	LD
hın 24 ncil ın niner's pages hours		WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT HUSBAND ADDRESS Yes, no, or unknown) (If yes give wor or dates of service)	# 17
within n pencil l Exominel File page		NO ROBERT BOYLES SAME AS	
ed		18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
xecuted nding Tr Medicol I permit.		MMEDIATE CAUSE (a) SUTSORATION	5 min -
end Me it p		DUE TO, OR AS A CONSEQUENCE OF	
be hied ans		(and, t ans, if any, which gave rise to immediate cause (a) (b) 13 reathing in Planto 13 by DUE TO, OR AS A CONSEQUENCE OF	
reld re C ony			
MINER: This certificate shauld be executed within 24 hains certificate, writing the word "pending" in pencil in Item 4 should be farworded to the Chief Medical Examiner's Offices. If files. e 3 should be used as a burial-transit permit. File pages I ammatian, ar removal, and in any event within 72 hours offer.		lost. (c)	
ate at the card to and		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)	
iting order d as	NO	/ / X	100
wr wr used	13	190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
this certifiate, writine farwor	CERTIFICAT ON		YES NO 🔀
NER: Til certifica hould bo iles. should		210 EXTERNAL CAUSE WAS 216 T ME OF IN. JRY Month, Doy, Year PR.MARY OR CONTRIBUTING HOUR A.M. 21c HOW INJURY OCCURRED (Enter nature of injury in Part) or Part 2, Item	18.)
INERS e cert shoul files. 3 shoul attan	MED CAL	PR.MARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. Dec 21 1968 Tied - Perstan Branch 21d INJURY OCCURRED 121e PLACE OF INJURY (A) home form street 21f LOCATION Street or R.E.D. No. (it or lown)	
	2		County State
CAL EXAMINER: execute the cert for. Poge 4 should d for your files. CTOR: Page 3 should		AT WORK AT WORK XXI A 1777 2 . STOTA A SETTLE OF THE	ontganery Md.
₩ \$ 3. 4 3. 61	1	22a. I certify that I taak charge of the remains described above, held on Autopsy, Inspection	and in my apinian
Se eston		death resulted fram: Natural causes 🔲 , Accident 🔲 , Suicide 🔀 , Hamicide 🔲 , Undetermined manner 🗀	
please direct direct DIREC		ACTUAL O D A COLORATE	
YY. Pring		ACCUSTANT MEDICAL FYAMIMED 1 220, DATE 310	26,1968 -
SSOr TUNE NER		EXAMINER'S JOHN G. BALL DEPUTY MEDICAL EXAMINER (A) DOC ADDRESS (Street to both Both Both Both Both Both Both Both B	a. Md.
TO DEPUTY SICAL E. necessory, please execute funeral director. Po. 5 may be retained for TO FUNERAL DIRECTOR: Fleolith prior to buriol.	200	NAME (1998) ADDRESS, SHEER, CT., TOWN, OF COUNTY DEETTE SEE	
5 - = 2 C =	23	DEMOVA (See Fr)	ounty) (State)
	24	TUNERAL DIRECTOR ADDRESS AUGUSTINE'S Cem. Pittsburgh, I	MAT PL
VR A15ME [5]	24	FUNERAL DIRECTOR ROBERT A. PUMPHREY, Bethesda, Maryland DATE JAN 2 1969 Client	and Judge
1011 PCV 1 1/40		UALL TO THE TOTAL OF THE PARTY	7/1/1

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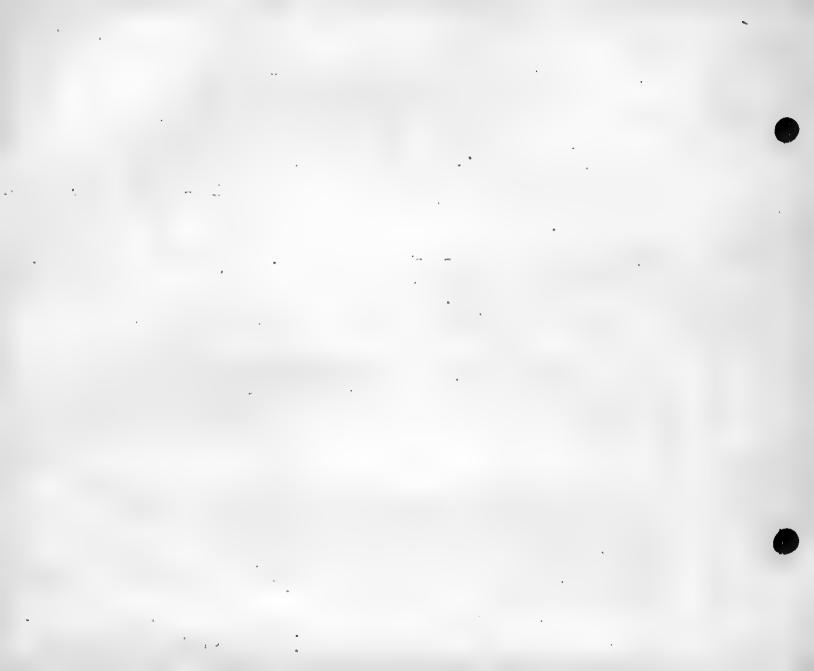
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 2b. HOUR P 1. DECEASED-NAME First Middle Last 2g. DATE OF DEATH requires that the death certificate be executed within 24 hours after death (Type or print) December William (NMN) Brainin 2:00 M 4 RACE S. DATE OF BIRTH IF UNDER 1 YEAR 3. SEX 6. AGE (In years IE LENDER 24 HRS. DAYS iast_bighday) HOURS Male White 1 November 1910 please remove corbon papers. Place and income corbon papers. A and income corbon within 72 hours. 7a, BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED T NEVER MARRIED Connecticut USA WIDOWED [DIVORCED | Montgomery 11 NAME OF HOSPITAL OR INSTITUTION (if not in hospital 10 CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street adpress) during most of working life, even if retired)
Physician **INDUSTRY** Bethesda Clinical Center 13a. USJAL RESIDENCE (Where deceased lived, if institution Residence before 13c. CITY OR TOWN 13d INSIDE CITY DIMITS? 13e STREET AND NUMBER odmission) Waryland Erince George Seat Pleasant YES X NO. 201 N. Addison Road 14 FATHER S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle Philip Brainin Gaberman Fannie 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT The Medical Records Address Yes, no ex unknown) (If yes gare, year or dates, of service) 214-36-4465 buriol, cremation, or removol, The Clinical Center, NIH, Bethesda, Md. 20014 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) BETWEEN ONSET AND GEATH PART I. DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (a) Renal Failure signed by the ottendir buriol-transit permit. 1 week DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave) (b) Buttock abscess and suspected sepsis 2 weeks rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause (1) Chronic myelogenous leukemia, blastic phase 5 months PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D.SEASE OR CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the shauld be filed with the State Dept. of Health prior to Gastrointestinal bleeding, aortic insufficiency 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 119b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a, AUTOPSY? CAUSES OF DEATH? YES 🔀 NO [Yes 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21a, ACCIDENT WAS UNDERLYING 216. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town County State While Nat while at wark 22a. I certify that (t) (this haspital) attended the deceased from 26 Nov. , 1968, ta 10 Dec , 1968, that XX (we) last saw the deceased alive an 10 December 1968, and that in (my) (aur) apinian death occurred an the date and hour and from the causes stated abave, (t) (we) (did) (did to the bady ofter death. 22b. SIGNATURE 22c DATE SIGNED **ATTENDING** MED DIRECTOR STAFF PHYS X 10 December 1968 DEGREE 22e. ADDRESS The Clinical Center, National 22d. PHYSICIAN'S NAME (Type) Institutes of Health, Bethesda, Md. 20014 Peter J. Rosen, M.D. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23g. BURIAL, CREMAT ON, 23b DATE (County) (State) 12-12-68 BEMOVAL (Specify) FALLS CHURCH KING DAVID MEMORIAL BARDON 2Sa REC D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR
BERNIARD DANZANSKY & SONS WASHINGTON, D.C. 50010 VR A15 (4) Ochanles DATE DEC 16 1968 30M REV, 1/68

MARYLAND STATE DEPARTMENT OF HEALTH



A Second	1	DLYISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
7. FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH 17712
HEALTH DEPT.	1.0	ECEASED-MAME 20. DATE KNOWN Month Doy Year 2b. Hour OF ESTI-
delay is and 3 to 49 Rage	3 ,5	DENIH MAIEU DENIH
ny deli	70	10- Calle 1-6-1400 68 YRS
farm farm te De	cour	
	10. (TOUR ADWIN OF DEATH 11 NAME OF HOSPITAL OR INSPITATION (If not in pospital during most of working life event fret red) INDUSTRY 120 USJAL OCCUPATION (Kind of work done 12b KiND OF BUSINESS OR during most of working life event fret red) INDUSTRY 11 NAME OF HOSPITAL OR INSPITATION (If not in pospital during most of working life event fret red) INDUSTRY 120 USJAL OCCUPATION (Kind of work done 12b KiND OF BUSINESS OR during most of working life event fret red) INDUSTRY
after 8. GIV alang with the	136	LISUAL RES DENCE (Where deceased hed, if institution Res dente before 13c City OR TOWN 13d INSIDE CITY LM.15? 13e STREET AND NJMBER 13e STREET AND NJMBER 1641.3 Deerlake Rd
hour Affice Office affer	14. [ATHERS NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Loss Adin S. Dexter Anna Dittmer
within 24 pepertin xominers xominers rie pages 72 häurs		WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT Hisband ADDRESS es, no, or unknown) If yes give wor or doles of service) (150 - 30 - 0230)
		NO. 18. CAUSE OF DEATH (Enter only one couse per the for (c), (b), and (c)) PART I DEATH WAS CAUSED BY APPROX MATE INTERVAL BETWEEN ONSE! AND DEATH PART I DEATH WAS CAUSED BY
Me Me		DUE TO, ORY AS A CONSEQUENCE OF Conditions, if ony, which gove)
should be e e word "per the Chief! urial-transit in any ever		nse to immediate cause (a), Stating the underlying cause (b) Due FO, OR AS A CONSEQUENCE OF
e sh the to t to t bur d in		PART 2. OTHER SIGNIFICANT CONPHTONS CONTR BUTING TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)
certhicate writing th irwarded to used as a k naval, and	2	The femilial temperature of the remain threat of the temperature of th
his certificate shaul ate, writing the wor e farwarded to the be used as a burial- remaval, and in an	FICATION	196. DATE OF OPERATION 196. CONDITION FOR WH.CH OPERATION 2D. AUTOPSY? WAS PERFORMED? YES NO
tifica tifica Id be uld to	MEDICAL CERT	210 EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING HOUR A M. CAUSE OF DEATH P.M. 9
3 12 12 00	MED	21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, white AT WORK
ical Execut execut far. Pag ed far y CTOR: Pc		22a. I certify that I toak charge af the remains described above, held an Autapsy Inspection Inquiry Inquiry
lease execute the director. Page 4 director. Page 4 etained for your DIRECTOR: Page in to buriol, creming to buriol, creming the director.		death resulted fram: Natural couses Accident , Suicide , Homicide , Undetermined manner
ry, perd be respected price		SIGNATURE SIGNATURE ASSISTANT MEDICAL EXAMINER 226 DATE SIGNED
DEPL ecessor e fun may FUNE ealth		EXAMINER'S BELOEN HEAP 11, Datorys (Sygn on John of County) DCC, 21, 1968
07 9 4 07 9 4 4 5 19 4	230	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMERRY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) Cremation 12/24/68 Cedar Hill Crematory Suitland. Pr. Geo. Md.
	24	FUNERAL DIRECTOR 7557 LAPORES ON SID AND 250 RECUBY REGISTRAR 2 S.G. REGISTRAR S. G. REGISTRAR S. S.G. REGISTRAR S. G. REG. S. REGISTRAR S. S.G. REGISTRAR S. G. REGISTRAR
VR ATSME IS	R	ORTER A PHIMPHREY Bethesda Maryland DAIL AN 1 1969 Icharles Jusce

MARYLAND STATE DEPARTMENT OF HEALTH



MAKTLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED NAME First Middle 2a. DATE OF DEATH death, 2b HOUR (Type or print) Month me. 3 SEX 4. RACE 5 DATE OF BIRTH 6. AGE (In years last birthday) F UNDER YEAR 7a BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED [DIVORCED [ID. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION (Kind of Work done 12b: KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY 13a, USDAL RES DENCE (Where deceased lived, if institution, Residence before 13d. INSIDE CITY JIM TS? 13e STREET AND NUMBER The law requires that the death certificate be executed admission) STATE 13b COUNTY burial transit permit. Then please remay burial, cremation, or remayal, and in any 14 FATHER'S NAME IS MOTHERS MAIDEN NAME First Middle 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 17 INFORMANT (If yes give war or dates at service) Yes no estupicnown) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I DEATH WAS CAUSED BY
IMMEDIATE CAUSE (a) Subarachne BETWEEN ONSET AND DEATH Subarachnoid hemorrhage, massive, spontaneous DUE TO, OR AS A CONSEQUENCE OF Ruptured aneurysm of Circle of Willis 24 hours Conditions, if any, which gave) nse ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF be retained by the hospital ar attending physician. stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 220X 19a DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? CAUSES OF DEATH? YES DO 21a ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 1B.) 216 TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) 21e PLACE OF INJURY (AT HOME FARM, STREET FACTORY,) 21f. LOCATION STREET OF R F.D. No. 21d INJURY OCCURRED **DIRECTOR:** After this While Nat while at work 22a. I certify that (I) (this haspital), attended the deceased from \$18 Dec . 1968, to 1912e. , 1968, that (I) (we) las saw the deceased alive on 1912e. 1968 and that in (my) (aur) apinian death accurred an the date and haur and from the director, page 3 shauld shauld be filed with the causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b SIGNATURE ATTENDING PHYS NOS ELL MIDEGREE DIRECTOR 22d. PHYS CIAN S 22e. ADDRESS TO FUNERAL ROCHVINE S CALDWELL, MD 23c, NAME OF CEMETERY OR CREMATORY 23d_ LOCATION (City or Town) 23a BURIAL, CREMATION, (County) (State) DATE DEC 2 7 1968



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HEATE	3 SEX	4 RACE	5. DATE OF BIRTH	6 AGE (n years last birthday)	IF JNDER 1 YEAR F JNDER 24 HRS
5 5 2	Female	White	April 10. 10	7/2 S6 YRS	MONTHS DAYS HOURS MIN
hours fn by rs fa zhaurs	7o BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	HINWARD SCHOOL HOWKENED	COUNTY OF DEATH	
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and campremayer	14 FATHER S NAME First	Middle Lost	IS MOTHERS MAIDEN NAME Fr		Lost
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u v c · N	Tes, no, or Johnson (Fyes	ARMED FORCES? give war or dates of service) 16b. SOCIAL SECURITY Les		ard 1606 Noyes D	Sul Spr. Md
equires that the death certification. physician. signed by the attending phy burial-transit permit. Then burial, crematian, ar removal	18 CAUSE OF DEATH (Ente	r anly one cause per line far (a), (b), and (c))		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ne death ce. ottending p permit. The lan, or remo	PART I DEATH WAS C	USED BY	to concer de	al dero and	GETWICH UNSET AND DEATH
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e ha the property of the prope	RATE		YES NO Q	CAUSES OF DEATH?	
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HYSICIA haspital certifica sched fo	(If either, notify medicalle)	aminer) PM	19		
문학 등 함께	White Not while at work of work	21e PLACE OF INJURY (AT HOME, FARM, STREET, F. OFFICE BUILDING, ETC.		City ar Town	County State
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R: A	saw the decease	d alive an ave, (I) (we) (did) (did not) view the	hady after death	ion death accurred an the dat	te and havr and fram the
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OR ATTENI be retained JIRECTOR: A e 3 shauld ed with the	Calle	f. 11 (2+2-)	DEGREE PHYS DIR	ECTOR STAFF	2-13-64
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SPII 4 m 4 m d b	NAME (Type) Joh	n S. Rogers, M.D.	S'1/4	r 5/01-129	md.
Foge 4 may be retained to FUNERAL DIRECTOR: director, page 3 shauld should be filed with the				23d LOCATION (City or Town)	(County) (State)
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VR A15 A16	CAN PAL DIRECTION C	Gler Carter ADDRESS	Sil Spz., Md. 250 REC D BY	REGISTRAR 25b REGISTRARS	SIGNATURE
45M 1 79	Warner E. Pum	phrey, Inc. 8434 Ge	orgia Avenue DATES	2 - 2 - Sand	marker Da



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	within 24 tely fitted ban pape , within 7,			TY OR TOWN OF DEATH Chevy Chase		St.		TION (Kind of work dame sing life, even if retired)	126 KIND OF BUSINESS OR INDUSTRY
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	and rem rem	1	14 FA	ATHERS NAME First Joseph	Middle tost C. Baldwin	15 MOTHER'S MAID		Middle Buillon-Verne	Lost
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	IG PHY the ha tr this a detach		o	While Not while at work	LACE OF INJURY (AT HOME FARM, STREET, FAC		,	City or Town	County State
	OR ATTENDING PHYSICIAI be retained by the haspital JIRECTOR: After this certifice is 3 should be detached fail and with the State Dept. af H			saw the deceased allo causes stated abave,	haspital) attended the decease ye an / / / / / (i) (we) (aid) (aid nat) view the b	92 a and that in (my)	, 19 <u>6.\$_</u> , ta_ (our) opinian dea	th accurred on the dat	e and haur and fram the
	t OR All be reto DIRECT		-V	276 SIGNATURE	mmmm	DEGREE PHYS	A DIRECTOR	STAFF 22c D	ATE, SIGNED
	TO HOSPITAL OR ATTENDING Page 4 may be retained by 1 TO FUNERAL DIRECTOR. After director, page 3 should be a mhould be filled with the State			22d PHYSIC ANS NAME (Type)	SARENN	17-17 22e. ADDRES	202-01	Chase	e md
	Page 10 Fi	àl	(BUR AL, CREMATION, 23b DA Dec	. 16,1968 Cedar	EMETERY OR CREMATORY Hill Crematory	y Su		(County) (State) ce George Md.
	VR A15 (4 45M 1/6	3	Jos	uneral pirector s. Gawler's Son	s 5130 Wisconsin WAshingto	Ave.	60. REC'D BY REGISTRA ATE DEC 19		IGNATURE INCAPAL



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1. DECEASED-NAME M ddle last 2a DATE OF DEATH First 2b. HOUR requires that the death certificate be executed within 24 hours after death (Type or print) December Bulger Marry Teresa 3 SEX 4. RACE 5 DATE OF BIRTH 1E UNDER 1 YEAR IF LINDER 24 HRS. 6. AGE (In years last birthday) Female White 21 April 1920 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED X NEVER MARRIED country) USA WIDOWED | DIVORCED [Montgomery New York 10 CITY OR TOWN OF DEATH 2a USUAL OCCUPAT ON (Kind of work done 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b KIND OF BUSINESS OR qive street oddress)
The Clinical Center, NIH during most of working life, even if retired) attending physician and campletely to sermit. Then please remaye carboa Bethesda TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and camplete director, page 3 should be detached for use as the burial-transit permit. Then please remave carb should be filed with the State Dept. of Health priar to burial, crematian, or remaval, and in any event, 13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c City OR TOWN 13aL INSIDE CITY LUMITS? 13e. STREET AND NUMBER odmission) STATE New York 136 COUNTY Little Falls YEK 217 Flint Avenue 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME First Middle Last Restante John Teresa Durrn 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT The Medical Record Address (If yes give war or dates of service) Yes, no, ar unknown) Unavailable The Clinical Center, NIH, Bethesda, Maryland IB. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)

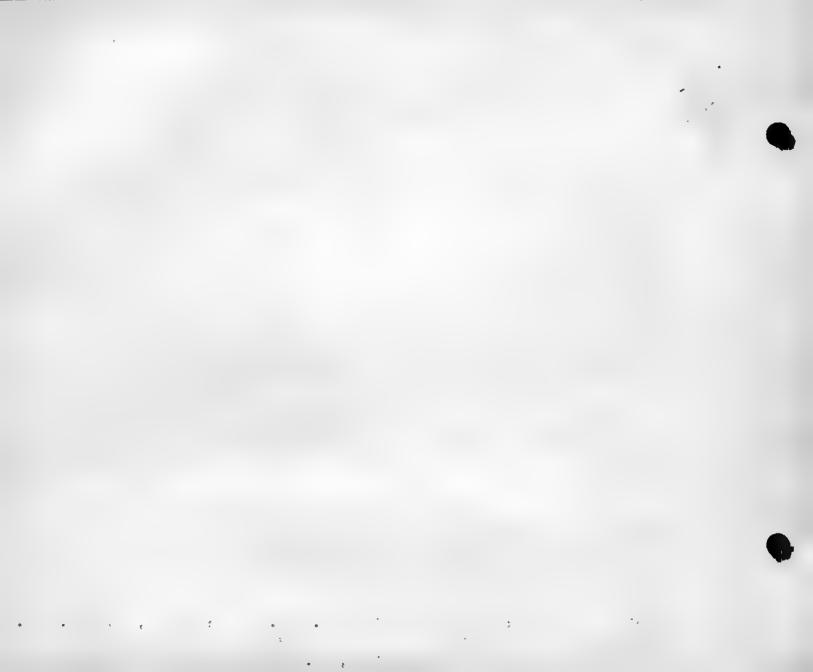
PART I DEATH WAS CAUSED BY.

IMMEDIATE CAUSE (a) Pneumonia BETWEEN ONSET AND DEATH 1 week DUE TO, OR AS A CONSEQUENCE OF Cand trans, if any, which gave) 8 months (b) Lymphoma rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital ar attending physician. stating the underlying cause 12 years (d) Sjogren's syndrome PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) dund 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🔣 NO 🗔 21a ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 216 TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET FACTORY,) 21f. LOCATION Street or R.F.D. No. City or Town County State While Nat while at work 22a. I certify that M (this haspital) attended the deceased from <u>Dec. 17</u>, 19<u>68</u>, ta<u>23 Dec.</u>, 19<u>8</u>, that (1) (we) last saw the deceased alive an <u>December 23</u>, 198, and that in (19) (aur) opinion death accurred an the date and haur and from the causes stated abave, M (we) (did) (20) (view the bady after death. 22c DATE SIGNED 22b. SIGNATURE MED.
DIRECTOR X 24 December 1968 DEGREE PHYS CIAN S NAME (Type) 22e. ADDRESS The Clinical Center, National Henry B. Kaltreider, M.D. Institutes of Health, Bethesda, Maryland 23d LOCATION (City or Town) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (State) 23a BURIAL, CREMAT ON (County) TREMANAL (Spenify) 12-25-1968 Little Falls, New York 2Sb. REGISTRAR'S SIGNATURE Joseph Gawler's Sons, Inc., 5130 Wisc. Ave. 25a REC'D BY REGISTRAR VR A15 (4) DATE DEC 3 0 1968 Milanea Inda 30M REV, 1/68

MARYLAND STATE DEPARTMENT OF HEALTH



_	1	MARYLAND STATE DEPARTMENT OF HEALTH
		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17717
4		CERTIFICATE OF DEATH
를 ^무 질록		ECEASED-NAME First Middle Lost 2a. DATE OF DEATH Type or print) 2b. HOUR
death neral and 2 death.		Type or print) CLIFTON R. BURDETTE DEC 20 YEAR OF DEC 20 12 PM
\$ 2 E	3 5	EX 4. RACE S. DATE OF BIRTH 6 AGE (IN 1980TS LUNDER 1 YEAR IE UNDER 24 HPS
5 4M)	1	MALE WHITE 3/18/1900 last birthday) MONTHS DAYS HOURS MIN
		BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 8. MARRIED X NEVER MARRIED 9 COUNTY OF DEATH
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filled pape	10	11 NAME OF HOSPITAL OR INSTITUTION (If nat in hospital gives treet address) 12a USUAL OCCUPATION (Kind of work done give street address)
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e executed within 24 haurs after death and seem letely filled in by the funeral cemany carbon papers of any event, within 72 four after death	130 adm	USUAL RESIDENCE (Where deceased lived if institution, Residence hefare 13r (ITY OR TOWN 13rd INSIDE (ITY IMMISS) 13rd INSIDE (ITY IMMISS)
ant-com Lemaye any ev	-	MARY LAND MUNTEUMORY CATHERSBURY WA 8547 CMORY COKE. 12
A 4 5 5	14,	FATHER'S NAME First Middle Lost I S MOTHER'S MAIDEN NAME First Middle Lost
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e death certificate b attending physician bermit. Then please an, ar remaval, and 1	160	WAS DECEASED EVER IN L.S. ARMED FORCES? (es, na ar Jinknown) (If yes give war or do es of service) 16b SOCIAL SECURITY NO. 17 INFORMANT Address Address Address
phy en ava	-	no no 213-40-8034 Dusie Burde 1/4
em Ha		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) PART I DEATH WAS CAUSED BY: APPROXIMATE INTERVAL BETWEEN OWSET AND DEATH APPROXIMATE INTERVAL BETWEEN OWSET AND DEATH
he death affendii permit. ian, ar re		IMMEDIATE CAUSE (0) Pronchognemona (Klebsella-Murrell) Zweels
aff aff		4.3.3 9 DUE TO, OR AS A CONSEQUENCE OF U
at the the nsit is		(anditions, if any, which gove) (b) Cerebral Infarcts and I recent Works to years
is that fician d by the I-transit		stating the underlying course DUE TO, OR AS A CONSEQUENCE OF DO VA
equ res that the death certificate be executed within 24 physician signed by the attending physician antercompletely filled i burial-transit permit. Then please ceman carbon paper burial, crematian, ar remaval, and in any event, within 72		lost (1) Chedral distribuscherons
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fica la Man		OR CONTRIBLTING CAUSE DE DEATH HOUR A.M. Manth Day Year
rspi aspi certi hed	MEDICAL	(If either, not fy medical examiner) P.M. 19 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME EARM STREET, FACTORY) 21f LOCATION Street or R.F.D. No. City or Town County State
PH e h h s Dep	П	While Not while OFFICE BUILDING ETC
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Afr d b d b SY	L	22a. I certify that (I) (this haspital) attended the deceased from
O. S. C. L. C.	П	tables stated above, (i) (west and) and one me bady after death.
Water Tet A	ı	226. SIGNATURE ATTENDING MED STAFF 220 DATE SIGNED
Lo 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	L	DIRECTOR PHYS 141/68
May RAIL		PHYSICIAN SO JOSEPh A. Romee MD 8218Wisc. Ave. Bethesda, W.D.
TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending To FUNERAL DIRECTOR: After the certificate has been directar, page 3 should be detached for use as the should be filed with the State Dept of Health prior to	22.	
dire sha	Z30 B	BURIAL, CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 12/23/1968 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) Neelsville, Montg. Md.
= = 0.	_	FUNERAL DIRECTOR 1331 ADDRESS OCKVIILE PILE REC D BY REGISTRAR 256 REGISTRAR S SIGNATURE
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204	_	son wheeler funeral nome Rockville, Md. out 62 6 1968 guartes guartes



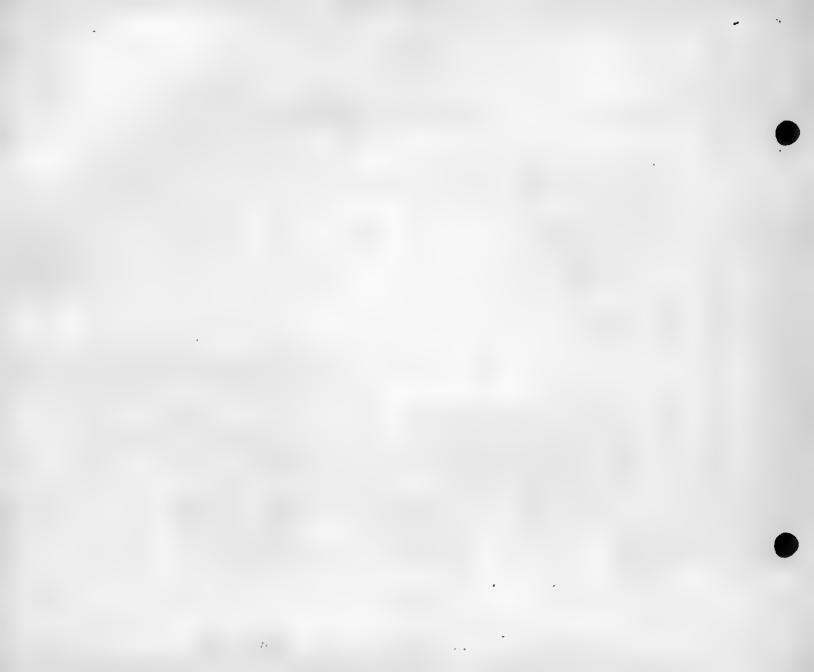
1	I t	ems 18&21 Film 408 MARYLAND STATE DEPARTMENT OF HEALTH 12-69 ams division of vital records, 301 w. preston street, baltimore, maryland 21201	
FOR STATE			7718
HEALTH DEPT.		DECEASED NAME Continue Conti	Day Year 2b HOUR
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hy deloy is 2, and 3 to PM3. Page Sortment of		MONTHS DATS MOURS MIN MONTHS DAYS MOURS MIN MONTHS DAY	Year 1968 8 45 M
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offer deoth Give Pages olong with for with the skote	2	give street address to E 1231774 Tel A Vadurage most of working life, even if retired)	12b. KIND OF BUSINESS OR Industry
s of 18 18 oto		SUAL RES DENCE (Where december lived, if institut on Residence before 13c CITY OR TOWN 3d. ASDE CITY UM.759 13e. STREET AND NUMBER	nd Ave.
	14.	FATHER S-MAINE FIRST M ddl Lost 15 MOTHER S-MAIDEN NAME FIRST Middle	Lost
vithin 24 send! in aminer's e pages 2 hours	160.	WAS DECEASED EVER IN U.S. ARAFTO FORCES? Yes, no, or July 10 mg/m (If yes give wor or doles of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 75 0	4 Municipater
In The July 12 File July 72 Ju		18. CAUSE OF DEATH (Enter on y one couse per line for (o), (b), and (c))	APPROX MATE INTERVAL BETWEEN ONSET AND DEATH
Medical E permit. F		PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Prodicts Pulmonary edema. Acute	2 hrs. ?
		Conditions, if ony, which gove) DUE TO, OR AS A CONSEQUENCE OF	
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certif , writi orwar used movol	CERTIFICATION	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
	I E	WAS PERFORMED?	YES X NO
표 등 목 등	AL CEI	210. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING HOUR A.M. 210 TIME OF INJURY Month, Day, Year Point 2, Ite	m 18.)
INER: Tee certifica should bi files. 3 should i	MEDICAL	CAUSE OF DEATH PM 19 Took overdose of some drugs 21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f toCATION Street or R F D. No. (1y or Town)	Equity State
DEPUTY CAL EXAMINER: scessary, please execute the certification of the c		WHILE AT WORK AT WORK of the forcery, office building etc.) Home 10 E. Diamond Ave. Gaithersburg	,
AL Execution For For For For For Friol, Friol,		220. I certify that I taak charge of the remains described abave, held an Autopsy 🗸 , Inspection 💢 , Inquiry 💟	
se ector med med		death resulted from: Natural causes, Accident, Suicide, Hamicide, Undetermined manner (
Ty pleose y, pleose erol direct to EAL DIRECT prior to E		ACTUAL CHIEF MEDICAL EXAMINER (226 DATE S	IGNED
EPUTY ssary, funeral oy be oy be in pri		M.D. ASSISTANT MEDICAL ENGINEER	-4,1968 .
TO DEPUTY necessary, the funero 5 may be 70 FUNERA Health pr	Ĺ	NAME (Type) ADDRESS(Street, city, town, or county)	
TO D nece the 5 m 10 FL	23	BURIAL (REMATION. 23b DATE 23c. NAME OF CEMETERY OF CREMATORY 23d. OCATION (City of Town) REMOVAL (Specify) /2-6-69 M.T. Clive: Texica	(County) (State)
	24	PUNERAL DIRECTOR 250 REC'D BY REGISTRAR 256 REGISTRAR S S	IGNATURE DE CARE
VR A15ME (5 10M REV 1768	L	Ernest Cartners Laufters DAI DEC 6 1968 Volim	San Karak town





DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH **FOR STATE** HEALTH DEPT. DECEASED NAME First 2a. DATE KNOWN Month Doy 2b HOUR Yeor (Type or Print) ESTI delay is and 3 ta M3. Page 19 8 DEATH MATED S. DATE OF BIRTH AGE (in years 2c. DATE PRONOUNCED DEAD 4 RACE 2d. HOUR YRS MARRIED NEVER MARRIED 70 BIRTHPLACE (State or foreign 76. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH s Office along with farm country) WIDOWED DIVORCED Give Pages the State 10. CITY OR TOWN OF DEATH 11 NAME OF HOSP TAE OR INSTITUTION (if not in mospital 120 USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR be executed within 24 haurs after death during most of working life, even if retired) INDUSTRY 13d INSIDE CITY LIMITS? 13a USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c CITY OR TOWN 13e STREET AND NUMBER death odmission) STATE Mc 13b. COUNTY Mont gamera Pollard. l and 2 v after 14. FATHER'S NAME Unknown pages haurs Unknown shauld be farwarded to the Chief Medical Examiner 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17. INFORMANT in pencil* File APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) permit. BETWEEN ONSET AND DEATH "pending" PART 1. DEATH WAS CAUSED BY: Heinorthaje Cerebral Sudden IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF **burial-transit** Cardio Vascular Disease Conditions, if any, which gove rise ta immediate cause (a). in ally a This certificate should the certificate, writing the ward DUE TO, OR AS A CONSEQUENCE OF Generalized. Arterio Sclerosis stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) cremation, ar remaval, CERTIFICATION nsmd 20 AUTOPSY? 190. DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED? 210 EXTERNAL CAUSE WAS 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) 21b. TIME OF INJURY Month, Day, Year PRIMARY OR CONTRIBUTING HOUR A.M. EXAMINER: CAUSE OF DEATH 21d INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f, LOCATION Street or R.F.D. No. City of Town County Stote factory, affice building, etc.) FUNERAL DIRECTOR: Page NOT WHILE AT WORK AT WORK 22a I certify that I took charge of the remains described above, held an Autopsy 17, Inspection 💢 Inquiry X and in my opinion Natural causes X Accident . Suicide . death resulted from: Hamicide Undetermined monner Heolth Franta CHIEF MEDICAL EXAMINER ACTUAL 226 DATE SIGNED ASSISTANT MEDICAL EXAMINER the fu≡eral SIGNATURE DEPUTY MEDICAL EXAMINER A **EXAMINER'S** John G. Ball NAME (Type) ADDRESS(Street, city, tawn, or county) 500 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) Parklawn Rockville Montgomery Md. 1-6-69 25a REC D BY REGISTRAR 24 FUNERAL DIRECTOR Robert A. Pumphre PORESS VR A15ME (\$) 7557-Wisconsin Ave., Bethesda, Md.

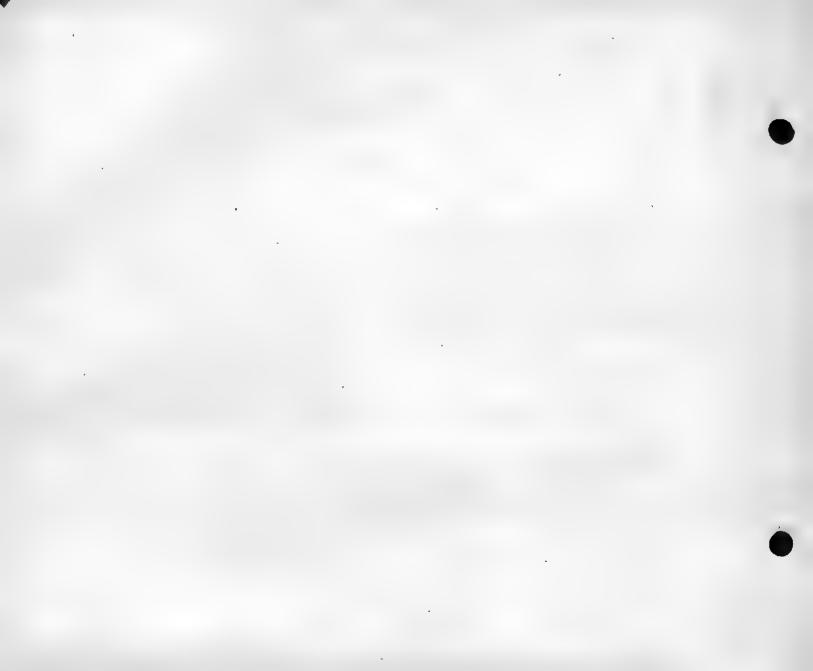
MARYLAND STATE DEPARTMENT OF HEALTH

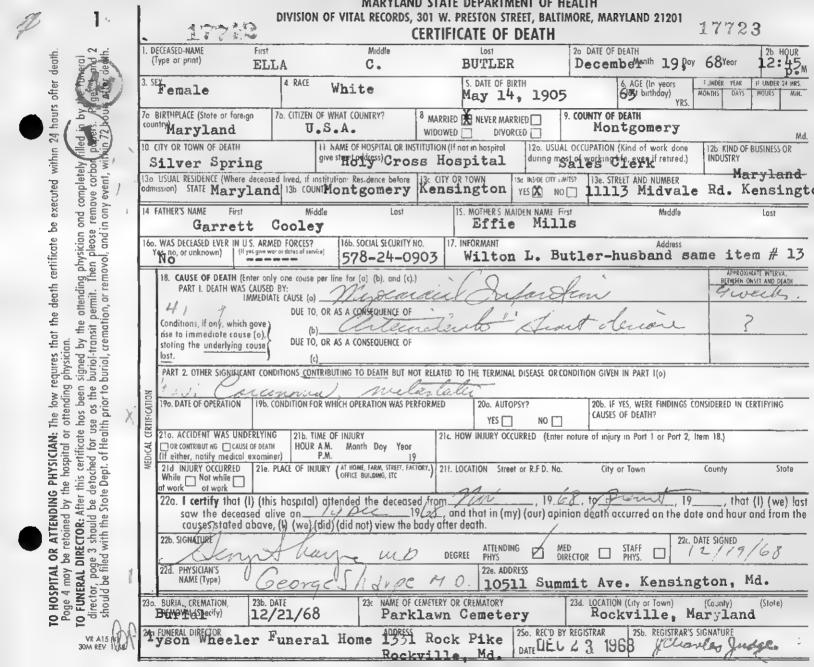


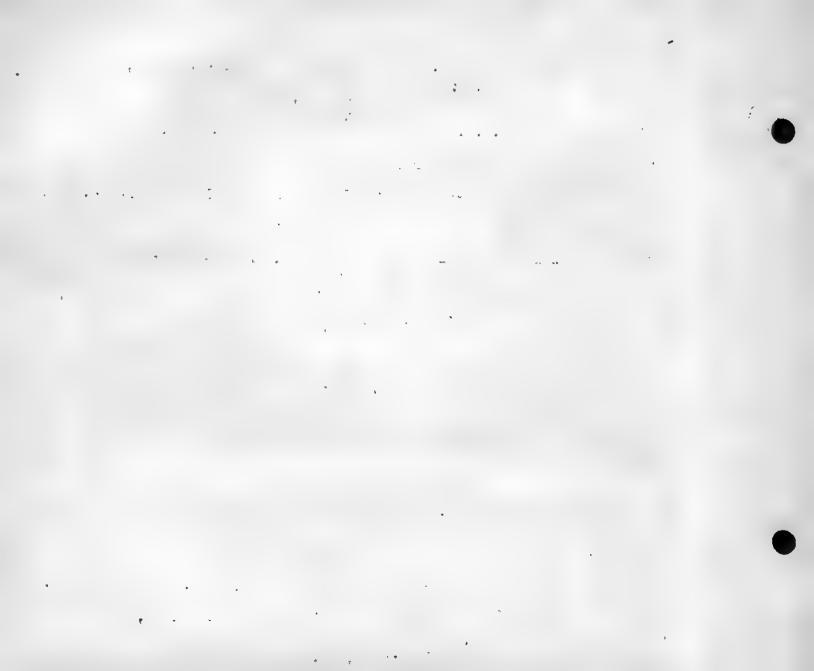
MINISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1 DECEASED-NAME First 2a DATE KNOWN [Month Year 25 HOUR (Type or Print) ESTI-DEATH MATED X 6 AGE (in years YFAR IF UNDER 24 MRS 3 SEX 4 RACE S DATE OF BIRTH DATE PRONOUNCED DEAD YRS 75 CITIZEN OF WHAT COUNTRY? 7a BIRTHP_ACE (State or foreign MARRIED NEVER MARRIED 9. COUNTY OF DEATH form MOD WIDOWED | DIVORCED [in Item 18. Give Pages 11 NAME OF HOSPITAL OR INSTIBUTION (If not in hospital 12g USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH shauld be farwarded to the Chief Medical Examiner's Office olong with during most of working ife, even if retired.) LINDUSTRY death 13a USEAL RESIDENCE (Where deceased lived, if institution. Residence before 13c City OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER odmission) STATE 13b. COUNTY YES NO and 2 after 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME pages haurs 16g, WAS DECEASED EVER 16b. SOCIAL SECURITY NO 17. INFORMANI ADDRESS (Yes, no. or unknown) (If was give wor or dates of service) APPROXIMATE INTERVAL .⊆ event within IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) BETWEEN ONSET AND DEATH permit. "pending" PART I. DEATH WAS CAUSED BY: men . DOXIZ IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF **burial-transit** athing in Plastic Bag 517711 Conditions, if any, which gave nse ta immediate cause (a). certificate should writing the ward DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause E PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(d) 0 removal nsed CERTIFICATION 19g. DATE OF OPERATION 195, CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES 🔼 NO 🖂 e certificate, Б 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) 3 should PRIMARY OR CONTRIBUTING HOUR A M. crematian, CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (At hame, form, street, (It or Town County State factory, affice building, etc.) FUNERAL DIRECTOR: Page AT WORK AT WORK Montging AU Rockville 22a. I certify that I took charge of the remains described above, held an Autopsy [X] burial Inspection 🔀 Inquiry X and in my opinian director. death resulted fram: Natural couses Accident 🗷 Suicide Hamicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER X **EXAMINER'S** moy ADDRESS(Street, city, town, or county) NAME (Type) the 230 BUR AL, CREMATION 23b DATE 23d. LOCATION (C ty/os-Jawn) (State) 2Sq REC D BY REGISTRAR 2Sb. REGISTRAR'S S GNATU ithersburg. Md.

MARYLAND STATE DEPARTMENT OF HEALTH

<i>i</i> —	1	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
		17721 CERTIFICATE OF DEATH 17722	
after death.		PLACE OF DEATH / Con Gomery Maryland 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY / Con Gomery Maryland	
		b (TTY OR TOWN (If autside consorate limits, virte PURAL and give nearest fawn) write PURAL and give project town) 240 240 CITY OR TOWN (If autside consorate limits write RURAL and give nearest fawn)	
24 hours Hed in by popers Programm 72 hours		d. NAME OF HOSPITAL OK INSTITUTION (IF yet in hospital, give street address) d. STREET ADDRESS G. NAME OF HOSPITAL OK INSTITUTION (IF yet in hospital, give street address) d. STREET ADDRESS G. NAME OF HOSPITAL OK INSTITUTION (IF yet in hospital, give street address) e. IS RESIDENCE ON A FARM? YES \[\bigcircle{\text{NS}} \\ \text{NO} \\ align*	
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ending ending s beer os the		(c) Texture Significant Conditions Contributions to Death Did not delated to the terminal Disease Condition Given in Part 1(c) 19. WAS AUTOPSY	_
or of self self	CERTIFICATION	PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY-OCCURRED (Enter nature of injury in Part I or Part II of item 1B.)	X
rsici ospit certif hed it. of	MEDICAL CERT	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Manth, Day, Year 20d, INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f, (City or fown)). (Caunty) (State))
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OR ATTEND be retoined JIRECTOR: A se 3 should ed with the		sow the deceased alive on 1968, and that death occurred at 20 M, from causes and on the date stoted ab	
		Toward Morse, M.D. PHYS. DIRECTOR DPHYS. 12/24/65	
O HOSPITAL Poge 4 moy O FUNERA director, pog should be fi	(23)	NAME (Type) How and Mouse of To 30 Carried all this and with Mid BURAL (REMATION, 236 DATE THEREOF 236 NAME OF CEMETERY OF CREMATORY 23d (OCATION (City or Town)) (County) (Stote)	
	2	REMOVAL (Specify) Dec 27-1968 Minersielle Fittleway Ferries 4. FORERAL DIRECTOR 250. REC'D BY REGISTRAR'S SIGNATURE 250. REC'D BY REGISTRAR'S SIGNATURE	/
VR AⅢ (4) , 20 M 1/66		Mather latters) 234 garral GIT NO. DATE DEC 30 1968 goliantes Judge	





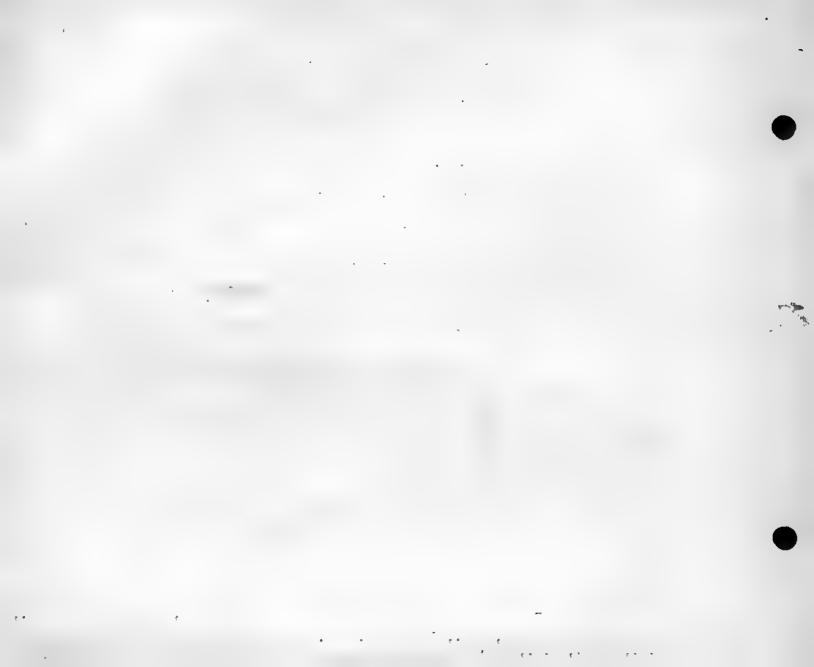


73	1	MARILAND SIGNE DEFARIMENT OF REALING	
		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
		17724 CERTIFICATE OF DEATH 17724	4
± −2±		DECEASED NAME (Type or print) Aircle Asset Middle Lost 2a. DATE OF DEATH Month Day Year	2b. HOUR
deo onc deo	L	(Type or print) Flor A Saloma Butler Month Day Year	620 M
fer fer	3 5	4. RACE S. DATE OF BIRTH 6. AGE (In years IF JNORF) THAR INSTANTAGE MONTHS GAYS MONTHS GAYS	IF UNCER 24 HRS.
the the oge	1/3	emale. CAUCASIAN. 8-14-1889 last WARDON YRS. MONTHS CAYS	HOURS MIN.
o o o o	7a	BIRTHPLACE (State or foreign 76 Cit ZEN OF WHAT COUNTRY? 8 MARRIED REVER MARRIED 9. COUNTY OF DEATH	
e executed within 24 hours after death. and completely filled in by the funeral remove corbon papers. Pages 1 and 2 n any event, within 12 hours after death.	COU	LASh. D.C. U.SA- WIDOWED DIVORCED MONTOCINCAL	Md.
If the control of the	1D.	CITY OR TOWN OF DEATH 11 NAME DE HOSPITAL OR INSTITUTION (4 not inchospital 120 USDA) OCCUPATION and af work done 112b KIND OF	WW Filme
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mp we c	ada	Hersing to year 1863 perry /	100
9 0 E	14	FATHER SNAME First Middle Last IS, MOTHER'S MAIDEN NAME First Middle	Lost
11 0 2		Herbert - Ellsworth Mary -	Clark
physician physician en please	160		
PHYSICIAN: The law requires that the death certificate e haspital or attending physicion. his certificate has been signed by the ottending physician trached for use as the burial-transit permit. Then pleas Dept. of Health prior to burial, cremation, or removal, and	'	(If yes give wor or dotes of service) Wes, no, or upknown) Wes, no, or upknown) Wes, no, or upknown) Wes, no, or upknown) Wester 3603 Perry Aver	uon,ra.
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Paris Signatura		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE ORCONDITION GIVEN IN PART 1(a)	
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tend s b os prio	FICATION	19a. Date of Operation 19b. Condition for which operation was performed 2Da. Autopsy? 2Db if yes, were findings considered in Causes of Death?	EERTIFYING
YSICIAN: The law reaspirol or ottending certificate has been hed for use os the ot. of Health prior to	CERT.F		
AN: oldologicate or u			
Pig fig.	MEDICAL	(If a ther, natify medical examiner) P.M. 19	
OR ATTENDING PHYSICIAN: The law requires the be retained by the haspital or attending physicion. DIRECTOR: After this certificate has been signed by pe 3 should be detached for use as the burial-tranged with the State Dept. of Health prior to burial, created with the State Dept.	2	21d IN. URY OCCURRED 21e PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. (ity or Town County While Not while)	State
this of the perfect o		at wark at wark	
OR ATTENDING be retained by the JIRECTOR: After e 3 should be ded with the State		22a. I certify that (1) this haspital attended the deceased from 1957, 19, ta deceased 1, 1968, and that in (my) (aur) apinion death occurred an the date and hour	(I) (we) last
Pad A Pad	1	saw the deceased give on 19.68, and that in (my) (aur) apinion death occurred an the date and hour causes stated above, (i) (we) (d.d) (did not) view the bady after death.	and tram the
ATTENI stained CTOR: A should inh the		22b. SIGNATURE" 22c. DATE SIGNED	
REG 3		7 Care W Murphythe DEGREE PHYS DIRECTOR DIRECTOR DECEMBER	719/8
Me Sage		and play clays	101160
RAI Pe		NAME (Type) Elaine W. Murphy. M.D. 4812 Ellicott St. NW	
TO HOSPITAL OR ATTEN Page 4 may be retained TO FUNERAL DIRECTOR: director, page 3 should	220	TO BURIAL (REMATION, 236 DATE 236 NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County)	(State)
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1.	1	MARTLAND STATE DEPARTMENT OF HEALTH JOURNAL POPULATION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOD STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH 17725	
- HEALTH DEPT.	1 [MEDICAL EXAMINER 3 CERTIFICATE OF DEATH	10
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ny delay 2, and 3 PM3. Pa partment		70 W. MAY 28/184 34 YRS. MONTHS CAYS HOURS MAN Month Dec Doy 9 Year 1968 63	2
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arh oges th far	10	CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (if not in haspital Discussion 120 SUAL OCCUPATION (Kind of work done 128. KIND OF BUSINESS OR	
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		JOHN JAMES PHEE BETH BATTLES	
		WAS DECEASED EVER IN J. S. ARMED FORCES? 16b SOCIAL SECURITY NO 17, INFORMANT ADDRESS 795, po, or unknown) 1 (If yes give wor or dates of service)	
with personal xam		- 353-28-3788 WARD Y. BUZZELL, HUSBAND, SAME AS 134	-
be executed with pending" in pending" in pending Exar nief Medical Exar ansist permit. File eyent within 72		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c)) PART I DEATH WAS CAUSED BY:	
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TY SICAL E y, please executed director. Par se retained for the prior to burial,		22a. I certify that I taak charge of the remains described above, held an Autopsy 🔀, Inspection 🔀, Inquiry 🔀, and in my apini	an
SICAL se exe ctar. P ned fo ECTOR		death resulted fram Natural causes 🔀 , Accident 🗌 , Suicide 🔲 , Homicide 🔲 , Undetermined manner 🗍	
please el directar retained L DIRECT		ACTUAL O D B B DC CHIEF MEDICAL EXAMINER C	
XY. Py. SAL Puro		SIGNATURE MD ASSISTANT MEDICAL EXAMINER 220 DATE SIGNED	
EPUTY SSSATY. P funeral ay be re JNERAL Ith prior		EXAMINER'S NAME (Type) DEPUTY MEDICAL EXAMINER ADDRESS(Street, city, town, or caunty)	
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F F		Cremation 12-11-1968 Cedar Hill Crematory Suitland, Prince Georges Co.	M
0.0	24	FUNERAL DIRECTOR ADDRESS 1250 REC'D RY REGISTRAR 1250 REGISTRAR 5 SIGNATURE	
VR A15ME (5	1	Joseph Gawler's Sons, Inc., 5130 Wisc. Ave. DATE DEC 19 1968 gCharles Judge	
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	ı	DI	VISION OF VITAL RECORDS,	301 W. PRESTON STREET, BALL	TIMORE, MARYLAND 21.	201
	ı	オウの多素	(ERTIFICATE OF DEATH		17726
4 −24		ECEASED-NAME First	Middle	Last	20. DATE OF DEATH	2b. HOUR
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fer fer ter	3 \$	X4	RACE	S DATE OF BIRTH	6 AGE (in ye	OF FUNDER 1 YEAR F UNDER 24 HRS
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omplete ve cont	13a	USUAL RESIDENCE (Where deceased no ssian) STATE 640	red, it institution. Residence before		LIMITS? 13e STREET AND NUM	BER
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AN: Il or cote or u		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CEATH	27b TIME OF INJURY HOUR A.M. Month Dov Year	21c. HOW INJURY OCCURRED (Ente	r noture of injury in Port 1 ar	Part 2, Item 18.)
Pitto Pitto Pitto Pitto Pitto Office	MEDICAL	(If either, notify medical examiner)	HOUR A.M. Month Doy Year P.M. 19			
HYS hos s ce ache apt.	E	21d INJURY OCCURRED 218, PLACE	OF INJURY (AT HOME, FARM STREET FACE	ORY) 21f LOCATION Street or R.F.D. No	City or Town	County State
the this detre		While Nat while at work of work				
be Stat		220. I certify that (I) (this ha	spitol) ottended the decease	from May , 194 G., and that in (my) (our) opi	F, to Dee	, 1947, that (I) (we) lost
R: A		sow the deceased alive	on Second 19 (we) (did) (did not) view the b	ond that in (my) (our) opi	inion death occurred on t	he date and hour and from the
TA pig di di		22b SIGNATURE	(we) (aid) (aid flot) view me t	ody offer deoffi		20 Divi closes
OR ATTENDING PHYSICIAN: De retained by the hospital of IRECTOR: After this certificate 3 should be detached for u ed with the State Dept. of Hea		augure	(Like	DEGREE PHYS D	AED STAFF DIRECTOR PHYS	220 DATE SIGNED 1948
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0 P P 42	B	REMOVAL (Specify)		ter Witional	1	(******)
VR A15 (4)	r	FUNERAL DIRECTOR 1	31 Rockvil ADDRESS	i le o So Pec'h R	V DECISTRAD 1 25h DECIS	TRAR'S SIGNATURE
45M 1/69	T	yson Wheeler 30	ckville, Maryl	and DATE DE-	1968 Ac	nones Judge



10	l	MARILAND STATE DEPARTMENT OF HEALTH	
1 %	1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
**		CERTIFICATE OF DEATH	17727
death.		ECEASED-NAME First Middle lost 20. DATE OF DEATH Type or print) Telia Ann Callahan Doy	1950 2b. HOUR
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2 20 5	10.	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL DR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work dang)	Md.
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ond com remove in any ev	14.	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle L'atrick l'cGill Fary Callahan	lost
are b cion ease ond j		. WAS DECEASED EVER IN U.S. ARMED FORCES? [166 SOCIAL SECURITY NO. 17 INFORMANT Address	Hd.
ertificate be physicion o nen please toval, ond ir		(es, no or unknawn) (II yes give wox or dates of service) 577-07-06% John Wson 9326 Limestone	Pl., Cl. Pk.
ot the death of the ottending Ist permit. The motion, or rem		1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I DEATH WAS CAUSED BY !MMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove nse to immediate couse (a), Italians the underlying cause DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF	BETWEEN ONSET AND DEATH
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The law ottendin has been the prior the	CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CON: 20b. IF YES, WERE FINDINGS CON: 20c. AUTOPSY? CAUSES OF DEATH?	SIDERED IN CERTIFYING
ICIAN: pitol or rificate d for us of Healt	MEDICAL CER	21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year 19 19 19 19 19 19 19 1	n 18.)
S PHYS the hos this ce detoche e Dept.	W	While Not white of work at work	County State
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital or attending physician. To FUNERL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the burial-transhould be filed with the State Dept. of Health prior to burial, cre-		saw the deceased alive on 12-25 1963, and that in (my) (our) opinion death occurred on the date couses stated above, (I) (we) (did) (did not) view the bady after death.	that (I) (we) last and hour and from the
L OR AI be reto DIRECTO		Tedro Malles, Morgree ATTENDING ID MED DIRECTOR ID STAFF ID /2	123/68
SPITA 4 moy IERAL or, pd	L	22d PHYSICIAN'S PEDRO 1, MATIAS, M.D. 22e. ADDRESS Wortgonery PI, Bel	Tsville Med
O HO Page O FUN shoul	23a B		(County) (State)
			GNATURE
VR A15 [4] 30M REV 1/68		FUNERAL DIRECTOR ee Fun. Home 300 4th St. NE Wash., D.C. 250 REC D BY REGISTRAR 250. REGISTRAR'S STO	las Judge



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-4-				17747		CERTIFICATE OF DEAT		17728
	를 무유를			CEASED-NAME First ype ar print)	Middle	Last	2a. DATE OF DEATH	2b. HOUR
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1,	h ceri mg p Thei			1B. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	ane cause per line for (a), (b) and (c)	7/		APPROX MATE INTERVAL BETWEEN CONSTT AND DEATH
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· hill	he off per fron,			Conditions of many delta de annual	DUE TO, OR AS A CONSEQUENCE OF	1. 7/ /		
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S. C.	PHYSICIAN: e hospital or his certificate stocked for u		MEDICAL C	OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examine	HOUR A.M. Manth Day Year P.M.	9	enter nature of injury in Part 1 or Part 2, 1	fem 1B)
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43	NG Vy th ver t e de			22a, 1 certify that (1) (this	haspital) attended the deceas	ed from 8// 1	934 to 12/11 190	that (1) (wa) last
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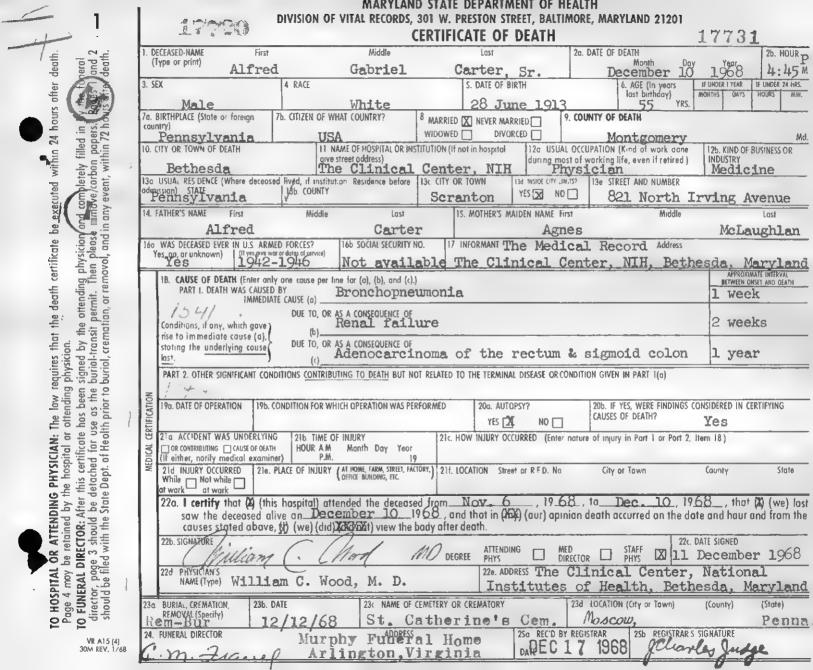


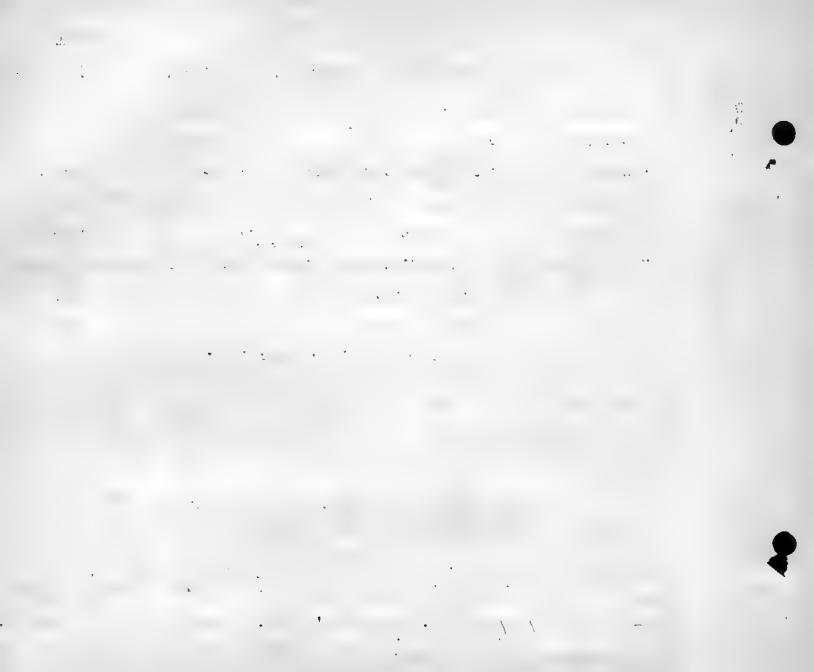
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	99	D E			18 CAUSE OF DEATH (Enter on	y one couse per line far (o), (b), and (c))	1)	4	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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	Q P	- A			saw the deceased a	live an /2-0	9_Coand that in (my) (au	19 <u>63</u> , to <u>/2 - 2</u> , 19 r) apinian death occurred on the dat	e and hour and from the
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	OR A	% % % % % % % % % % % % % % % % % % %			22b. SIGNATURE	AL SUITOMES	DEGREE PHYS	DIRECTOR D STAFF D /2-	ATE SIGNED
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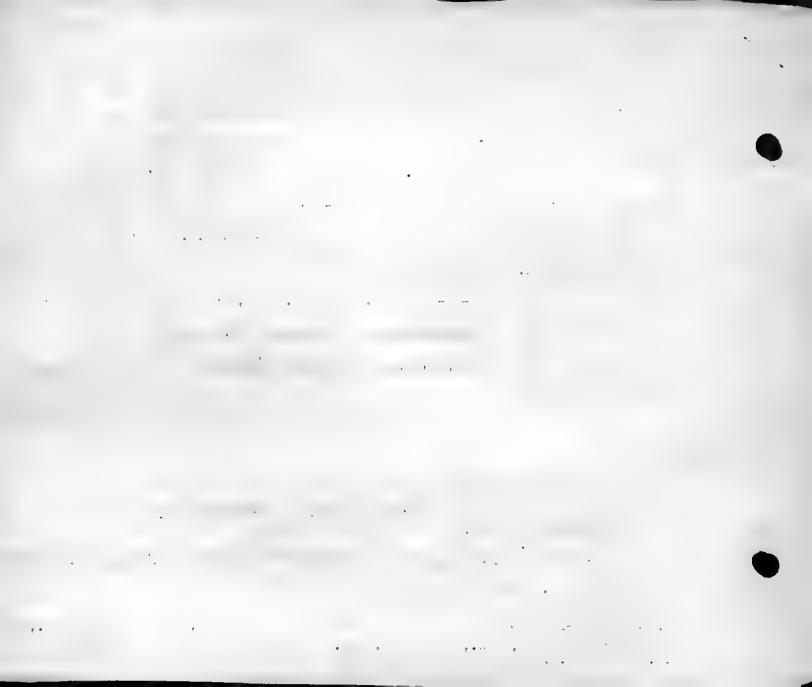


\ 1	It	tem 13 Film 408 1-20MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201						
FOR STATE			17730					
HEALTH DEPT.		DECEASED-NAME First Middle Lost 20 DATE KNOWN Month [Type or Print) OF EST 1220 DEATH MATED						
delay is and 3 ta M3 Page	3 \$	EX 4. RACE S. DATE OF BIRTH 6. AGE (In years 16 UNDER 1 YEAR 18 UNDER 24 HRS. 2c DATE PRONOUNCED DEAD	2d HOUR					
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hauld be executed ward "pending" in the Chief Medical Erral-transit permit. Erral only event within		IB. CAUSE OF DEATH (Enter only one couse per Inte for (o), (b), and (c)) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Conditions, if only, which gove rise to immediate couse (o), stating the underlying couse last (c) PART 2. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	APPROXIMATE INTERVAL SETWEEN ONSET AND GRAIN					
	FICATION	FICATION	FICATION	FICATION	FICATION	CERTIFICATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
TO DEPUTY DICAL EXAMINER: This necessary, please execute the certificate, the funeral director. Page 4 should be fits may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be Health prior to burial, cremation, or retained.	WED CA.	130 R/AL 12-29-66 1-1-16 11-27 NASH.	County Store County Store County Store County Opinion County (State)					
VR A15ME (5)	17	FUNERAL DIRECTOR LINEAH 1 TONE LANGE DATE AND 2 1969 CLUBAL ADDRESS LANGE DATE AND 2 1969 CLUBAL LINEAH 1 TONE LANGE DATE AND 2 1969 CLUBAL AND COMPANY DE LA COMPANY						











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		DIVISION OF VITAL REC	ORDS, 301 W. PRESTON STREET, BALTIMO CERTIFICATE OF DEATH	DRE, MARYLAND 21201	7734
death.		ECEASED-NAME First Midd	le Christiensen	o. DATE OF DEATH Month Day	Yeor 68 2b HOUR
rs offer	3 S	male 4 RACE	S DATE OF BIRTH	6. AGE (In years IF UNON lost birthday) YRS	R I YEAR JF LINDER 24 HRS DAYS HOURS MIN
4 hours d in by th		BIRTHPLACE (State or foreign The CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED 9. (WIDOWED TO DIVORCED	COUNTY OF DEATH Montagner	
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CIAN: ontol or rificate of for un	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner) AMDUR A.M. Manth Day PM	21c. HOW INJURY OCCURRED (Enter not	ure of injury in Port 1 or Port 2, Item 18.)
PHYSI he hosp this cer letoched		2.d. IN. URY OCCURRED While Not while of work OFFICE BUILDING	STREET FACTORY.) 21f LOCATION Street or R.F.D. No.	City or Town Count	y Stote
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the burial-transhould be filed with the State Dept. of Health prior to burial, creating the state Dept. of Health prior to burial, creating the state Dept. of Health prior to burial, creating the state Dept. of Health prior to burial.		22a. I certify that (I) (this haspital) attended the d saw the deceased clive on 1225 causes stoted obove, (I) (we) (did (did not) vie	deceosed from , 1920 1968, and that in (my) (50+) apiniar	, ta, 19/28 deoth occurred an the date and	, that (f) (we) lost hour and from the
RECTOI 3 should with t		22b. SIGNATURE A SCHOOL TO THE STATE OF THE	DEGREE PHYS DIRECT	STAFF 22c DATE SIG	NED -8-18
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VR A15 (4, 45M - 1/69	24	FUNERAL DIRECTOR A	DDRESS 250 REC'D BY RE	GISTRAR 256 REGISTRAR'S SIGNATURE 6 1968 GULLANDE	
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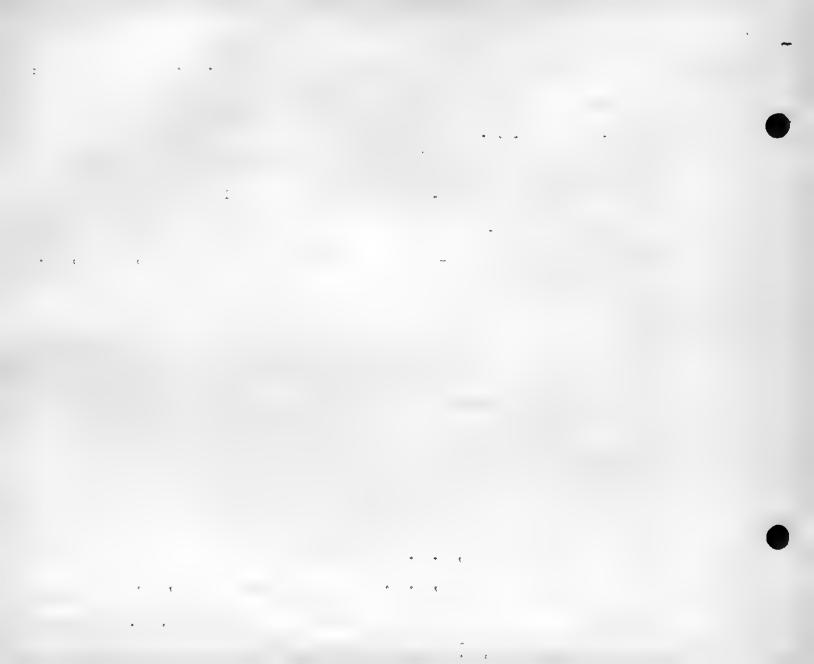


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'	17721		ATE OF DEATH		17735
fath.	. DECEASED NAME First (Type or print)	Middle	Last 2a.	DATE OF DEATH Month Day	Zb. HOJR
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	MALE	WHITE	11/24/66		ONTHS DAYS HOURS MIN
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	O CITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR INSTITUTION (If not give street address)	in haspital 12a JSUAL OCC	PONTYCINERY PATION (Kyd af wark done / wark ng life, even if refired)	126 KIND OF BUSINESS OR INDUSTRY
	JETHESD A 3a USUAL RESIDENCE (Where deceased liv	ed, if institution Residence before 13c CiTY OR To	344	13e STREET AND NUMBER	
1	dmss an) STATE 13	burst gomery 5. cr.	TOP A YES NO	21 KANDOLD	4 Kias
	4. FATHER S NAME First	Middle tosi Is 1	MOTHER S'MA DEN NAME First	M ddle	lost
	6g. WAS DECEASED EVER IN U.S. ARMED FO		FORMANT	Address do	
	111			v- Mis Edra.	
	PART I. DEATH WAS CAUSED BY: IMMED ATE CA	couse per line for (a), (b) and (c)) Bronch	ogenic carcino spleen and ly	ma with metasis mph nodes	BETWEEN ONSET AND DEATH
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	Conditions, if ony, which gave) use to immediate couse (o)	(b)			
	stating the underlying couse	DUE TO, OR AS A CONSEQUENCE OF			
	PART 2 OTHER SIGNIFICANT CONDITIO	IS CONTRIBLE ING TO DEATH BUT NOT RELATED TO 1	THE TERMINAL DISEASE OR CONDITI	ION G VEN IN PART I(a)	
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		21b TIME OF INJURY 21c HOW HOUR AM Month Day Year		re af injury in Port 1 or Port 2, Ite	
	(If either, notify medical examiner)	P.M 19			
	White Not while at work	COFFICE BUILDING ETC.	ATION Street or R.F.D. No	The same and	Caunty State
	22a. I certify that (I) (this ho	spital) attended the deceased from 11	that in /my/ aux angua	to 19 pac, 19 1	%, that (I) (we) last
	causes stated above, (i)	(we) (did) (did not) view the bady after de	ath.	oean accurred on the agre	and nour and Iram the
	226 SIGNATURE	ES Caldufle mo DEGREE	ATTENDING MED DIRECTO	STATE 22c DA	TE SIGNED
	22d PAYSICIANS	C.C.	22e. ADDRESS		7 -0/00
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OR ATTENI be retained DIRECTOR: A e 3 shauld ed with the		22b. SIGNATURE	a Dolla	1 Chicago	ATTENDING PHYS	MED STAFI		TE SIGNED
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HOS ge 4 UNI ecto	230	BURIA, XREMATION, 23b REMOVAL (Specify)	DATE 23c NAMEO	CMETERY OR CE	EMAJORY	23d LOCATION (City	ar Tawn)	(County) O(State)
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	24	FUNERAL DIRECTOR	254 Carry	S. 7		BY REGISTRAR . 25	A .	
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MARYLAND STATE DEPARTMENT OF HEALTH



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± 2= ±		ECEASED-NAME First	***	Middle	Last	2a. DAT	E OF DEATH		2b. HOUR
deort deort		^(ype or print) Christi	an F	lessler	COCHRAN	Dec	Month 15 Day	Year 68	430P M
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be on a see of s	_	Richard	Benjamin			Nona		Hessl	
icate rsicie plea I, an	16a	WAS DECEASED EVER IN U.S. ARME To or unknown) WWII.	D FORCES? 16b SO	CIA, SECURITY NO -36-9568	17 INFORMANT Ave	., Chevy	Chase, Address	Md. (Wi	
ph)	-				Mrs. Mary	townsend	Cochran, 521	2 Sarato	
ATENDING PHYSICIAN: The law requires that the death certificate be executed vertioned by the haspital or attending physician. CTOR: After this certificate has been signed by the ottending physician and complete should be detached far use as the burial-transit permit. Then please remaye carls ith the State Dept. of Health prior to burial, cremation, or removal, and in any event.		Canditions, if ony, which gave a rise to immediate cause (a),	DV	Carcinome ISEQUENCE OF	of Colon wi	th wide s	pread metast	BETWEEN ONSE	
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CIAN: sitol or rificote of Heali	MEDICAL CER	21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examine)	HOUR AM Month	Doy Year	TO HOW INJURY OCCURRE	D (Enter noture of	injury in Port 1 or Port 2, I	tem 18)	
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		22b SIGNATURE	/ seria (h-mD	DEGREE PHYS	MED DIRECTOR	CTAFF	Decembe:	r 1068
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OSP JNEI JNEI old	22.0	BUR AL CREMATION, 23b. DA		3c. NAME OF CEMETER					(A)
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		FUNERAL DIRECTOR Joseph		S ADDRESS	2Sa	REC'D BY REGISTRA	R 25b REGISTRAR S	SIGNATURE	
VR A15 (4) 45M 1/69		5130 Wisconsin	Ave., N.W.,	Washingto	on, D.C. DAT	EDEC 20	1968 gclo	rles Jud	ge_



1	1	A PROPERTY.		DS, 301 W. PRESTON STREE		RYLAND 21201		
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TO HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the haspital ar TO FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached for us should be filed with the State Dept. af Healt		BURIAL, CREMATION, 23b. D.		OF CEMETERY OR CREMATORY		N (City or Town)	(County)	(State)
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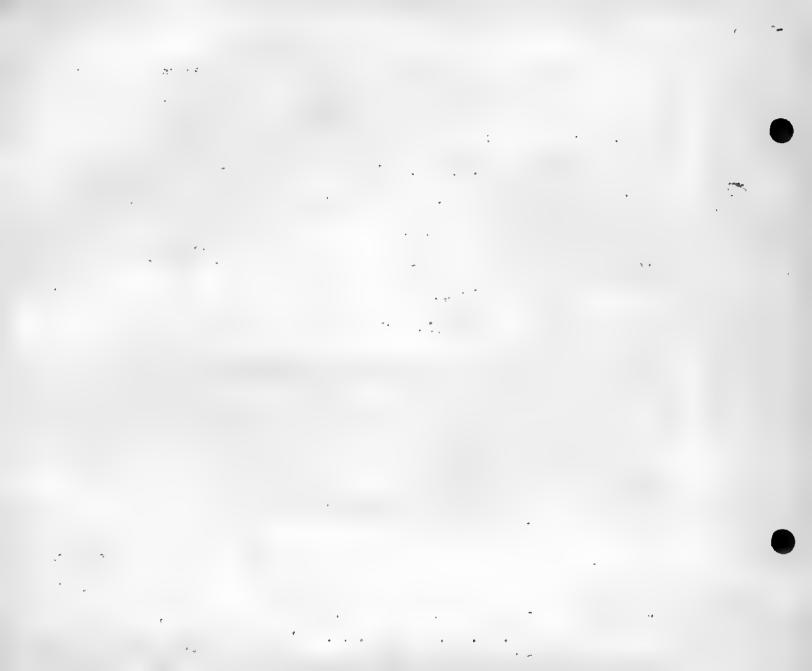


DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME First Middle Last 20. DATE OF DEATH death. ond (Type or print) December Leo Otis COLBERT 3. SEX 4 RACE S DATE OF BIRTH 6. AGE (In years IE UNDER I YEAR SE JNDER 24 HRS lostobjethday) Male Caucasian December 31, 1883 and in any event, within 72 haurs 7a BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8 MARRIED X NEVER MARRIED Montgomery Massachussetts USA W-DOWED [7] DIVORCED [10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USJAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR Wava Thospital Bethesda Coastaceodette costave Government 13a. USUAL RESIDENCE (Where deceased lived, if institut on. Residence before 13c CITY OR TOWN physician and cample) ien please remave car 13d INSIDE CITY LUMITS? 13e STREET AND NUMBER requires that the death certificate be executed District of Columbia COUDY.C. WashingtonDC YES X 4408 29th Street. N. W. 14 FATHER'S NAME First Last 15. MOTHER S MA DEN NAME First Patrick Colbert Margaret Byrnes 17 INFORMANT Daughter 165 SOCIAL SECURITY NO 577-48-3112 16a WAS DECEASED EVER IN U.S ARMED FORCES? Yes pa, ar unknown) signed by the attending phys. burial-transit permit. Then pl burial, cremation, ar remaval, WWI, WWII, KOr Mrs. Jeanne C. Doonan. Same as # 13 APPROXIMATE INTERVA 1B. CAUSE OF DEATH (Enter only one cause per time for (a), (b) and (c)) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMED ATE CAUSE (a) Adenocarcinoma involving Stomach. Rectum and Prostate. DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which cave) rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D.SEASE OR CONDITION GIVEN IN PART 1(0) TO FUNERAL DIRECTOR: After this certificate has been be detached for use as the State Dept. at Health priar to TO HOSPITAL OR ATTENDING PHYSICIAN: The low Page 4 may be retained by the haspital ar attendin 19g. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a, AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATHER YES 📉 NO [21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.) 216 TIME OF INJURY OR CONTR BUTING CAUSE OF DEATH (If either, notify medical examiner) HOUR A.M. Manth Day Year 21e. PLACE OF INJURY (AT HOME, LARM, STREET FACTORY) 21f. LOCATION Street or R.F.D. No 21d. INJURY OCCURRED City or Town County State While Not while at work 22a. I certify that \$0 (this haspital) attended the deceased from December 1619.68, to December 23 968, that (\$\mathbb{K}\$ (we) last saw the deceased alive an December 23 1968, and that in \$\mathbb{K}\$ (aur) apinion death accurred on the date and hour and from the director, page 3 shauld shauld be filed with the causes stated abave, (we) (did) (daynot) view the bady after death. 22b S GNATURE 22c DATE SIGNED DEGREE PHYS DIRECTOR PHYS 22d. PHYSICIAN S 22e. ADDRESS NAME (Type) E. PERLIN. LCDR MC USN Naval Hospital, Bethesda, Maryland 23c NAME OF CEMETERY OR CREMATORY 23b. DATE 23d. LOCATION (City or Town) 23a BUR AL CREMATION, (County) (State) 12/27/68 Burial 12/27/68 Baltimore National Cemetery

24 Ocephor Gawler & Sons, Funeral popularies 250 RFCD RV RF Baltimore, Maryland 250 RECD BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 5130 Wisconsin Ave., N. W. Washington, D. C. Melante DEC 3 0 1968

MARYLAND STATE DEPARTMENT OF HEALTH

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71		I tem 1 & DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
	I	tem5 FilmC408 1/2/69 kk CERTIFICATE OF DEATH 17743
€ €		ECEASED-NAME First Middle Last Colton 2a DATE OF DEATH 2b. HOUR
ē (1 /5	3 5	12 19 1968 113 M
	, ,	EX 74 RACE S. DATE OF BIRTH 6 AGE (In years IT UNDER 14 ARS lost birthday) MAINTHS DAYS HOLKS MIN.
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hin 24 filled 'pape thin 72		CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR
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sicion cate		WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT (es, no, or unknown) 1 transgress was or dates at service) 355-16-1171 Apr Brankson (x floribles) 45 803 (x school for fine from the first
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ding of the contract of the co		1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART 1 DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) PREUMONIA RIGHT LUNG BETWEEN ONST AND DEATH 3 DAYS
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rSICI aspit tertif hed it. af	MEDICAL	(If either, natify medical examiner) P.M. 19
bing PHYSICIAN: The law requires that the death certificate be executed within 24 hours by the haspital ar attending physician. After this certificate has been signed by the attending physician and campletely filled in by be detached far use as the burial-transit permit. Then please remave carbon papers. Pastate Dept. af Health priar to burial, cremation, ar removal, and in any event, within 72 hours		21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET FACTORY.) 21f LOCATION Street at R.F.D. No City at Tawn County State at work
by the fiter be do state		220. I certify that (I) (this haspital) attended the deceased from 1964, ta DEC 19, 1968, that (I) (we) last saw the deceased alive on DEC, 191961, and that in (my) (eur) opinion death occurred an fine date and hour and from the
ATTENDING stained by the CTOR: After 1 should be ditth the State ith the State		saw the deceased alive an DEC. 19-19-65, and that in (my) (our) opinion deoth occurred an the dote and hour and from the couses stoted obave, (1) (we) (did) (did not) view the bady after death.
At OR ATTENI y be retained L DIRECTOR: A age 3 shauld filed with the		22b. SIGNATURE)
TAL OR nay be ray be ray be ray page 3 page 3 e filed w		Leo M. Curtus, M. D. DEGREE PHYS DIRECTOR D STAFF DEC. 19, 1968
PITA may RAL r, po		22d. PHYSICIANS NAME (Type) LEO M. CURTIS 22e. ADDRESS 8218 WISCONSIN AVE. BETHESDA MONT. MD.
Page 4 may be retained by the haspital ar To FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached far us shauld be filed with the State Dept. af Healt	23a.	BURIAL CREMATION, 236 DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Country) (State)
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VR A15	24	FUNERA DIRECTOR 7557 WPS Consin Ave Robert A Pumphrey Bethesda, Md
43/11 . 11/98/	_	Robert A Pumphrey Bethesda, Md DAIDEC 26 1968 Icharles July



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FOR CTATE	MARTLAND STATE DEPARTMENT OF HEALTH WAS AND STATE DEPARTMENT OF H	1 19 19 1 1
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	17744
HEALTH DEPT.	1 DECEASED NAME First Middle Last 20, DATE KNOWN Month OF EST	Day Year, 2b HOUR
~ 7 6 A 5	Marion del Complan DEATH MATED 1/on	3 BX 345M
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end end	DUE TO, OR AS A CONSEQUENCE OF MYOCARDIUM & SEPTUM	
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NER: 1 certific hauld thes.	PRIMARY OR CONTRIBUTING HOUR A.M CAUSE OF DEATH P M 19 21d INJURY OCCURRED 21e PLACE OF INJURY (At home form street 21f LOCATION Street or R.F.D. No. City or Town	
		County State
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VR A15ME (5)	Robert A Pumphrey Bethesda, Md DADEC 9 1968 Clark	
10M REV. 1/68	INABELO 3 1300 Kenter	



41- 1	1 DIVISION	MAKTLAND STATE D I OF VITAL RECORDS, 301 W. PRE	EPAKTIMENT OF REALTH STON STREET, BALTIMORE, MA	RYLAND 21201
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L OR A	22b. SIGNATURE Clinical 9 Po	Tuous MD DEGREE	ATTENDING MED. PHYS. DIRECTOR D 22e. ADDRESS	STAFF □ 22c. DATE SIGNED 12 21 68
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VR A15 (4)	FUNERAL DIRECTOR The S.H. 2901 14th St. N.V	Hines Company Washington. D.	250 REC'D BY REGISTRAR DADEC 2 6 19	88 PEGISTRAR'S SIGNATURE



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1.000	MARYLAND STATE DEPARTMENT OF HEALTH	
	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	748
and 2	1. DECEASED-NAME First Middle Lost 2a. DATE OF DEATH (Type or print) December 051	1968 2b. Hour
	OVE	DER 1 YEAR OF UNDER 24 HRS.
24 hours offer of Art of the function of the f	Male 4. RACE White S DATE OF BIRTH 16 AGE (n years est birthday) White Nov. 10, 1915	
on (And)	7g BIRTHPLACE (State or forming 7b (1717FN OF WHAT COLINTRY? 18	
7 4 F. 25	Maryland U.S.A. WIDOWED DIVORCED Montgomers	Md
────────────────────────────────────	10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USJAL OCCUPATION (Kind of work done 12	L KIND OF BUSINESS OR DUSTRY
Sept.	ACCEPTITE 4021 Aspen HIII RORG A-Ray Tech.	DOSIKI
e executer fille remove carbon po any event, within	- 130. USJA. RESIDENCE (Where deceased kyed, if institution Residence before admiss on) STATE Md. 13b COUNTY Montg. 13c CTY OR TOWN 13d INSIDE CITY UM.152 13e. STREET AND NUMBER 4f 2/ Clapen	110
d co	14. FATHER'S NAME First Middle Last 115. MOTHER'S MAIDEN NAME First Middle	Last
ATTENDING PHYSICIAN: The low requires that the death certificate be executed etained by the hospital or ottending physician. CTOR: After this cert ficate has been signed by the ottending physician and compusional be detached for use as the burial-transit permit. Then please remove continuit the State Dept. of Health prior to burial, cremation, or removal, and in any even	Marion Covey Bessie Aaron	6431
cote Sicial Sleas	16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17. INFORMANT	***
rtife physen poval	Yes, no or unknown) (Hyes que wer or dotes of service) WW11 577-03-1368 Ellen C. Covey - wife- same it	
ing the ce	1B. CAUSE OF DEATH (Enter only one cause per line far (a) (b), and (c) PART I. DEATH WAS CAUSED BY	APPROXIMATE INTERVAL BETWEEN QUSET AND DEATH
deal tend rmit,	// IMMEDIATE CAUSE (a) <u>fivocartical</u> infarction, recent and remote	8 days
the of the thou	Conditions, if ony, which gave) Conditions, if ony, which gave) Conditions, if ony, which gave) Conditions of the condition of the conditio	months
hat n. yy ff onsi	lise to limitedidite course (d),	monoris
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phy sign burn burn	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
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JING PHYSICIAN: The low requires the by the hospital or attending physician. (free this cert ficate has been signed by be detached for use os the burial-tror State Dept. of Health prior to burial, cre	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? YES NO CAUSES OF DEATH? 210. ACCIDENT WAS UNDERLYING 1216 TIME OF INDIREY. 1216 HOW INDIREY OF UPPER OF INDIREY. 1216 HOW INDIREY OF UPPER OF INDIREY. 1216 HOW INDIREY OF UPPER OF INDIREY. 1216 HOW INDIREY. 1216 HO	ERED IN CERT FYING
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G PHYSIC the hospit this cert detached e Dept. of	at wark at wark	•
by 1 fter fter Stat	220. I certify that (i) (this haspital) attended the deceased from 2/1, 19.59, to 12/31/, 19.63 sow the deceased drive an 19.65 and that in (my) (our) applied death occurred on the date of	, that (I) (we) lost
TENT MR: A wild the	sow the deceased clive on	id hour and from the
ATI ATI	22b SIGNATURE 7	IGNED
OR DIRE	DEGREE ATTENDING B MED STAFF DIRECTOR DIRECTOR PHYS DI	1/69
RAIL POR	122d PAYS CIANY NAME (Type) STEPHEN N JONES 220 ADDRESS VIERS MILL XCIAD	0. 1 0.
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TO HOSPITAL OR ATTENDING PHYSICIAN: The low re Page 4 may be retained by the hospital or attending TO FUNERAL DIRECTOR: After this cert ficate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to	Report 13/3/69 Neelsville Neelsville Neelsville	
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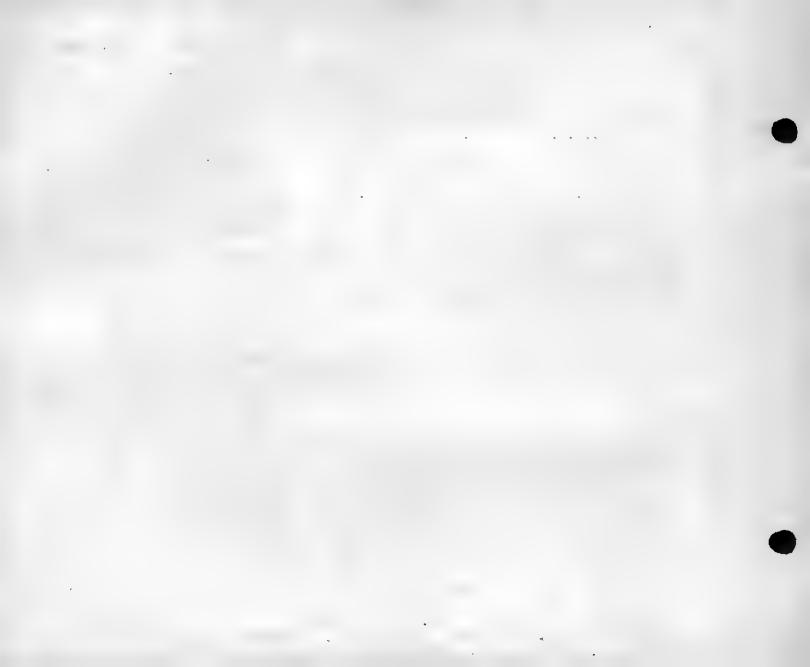
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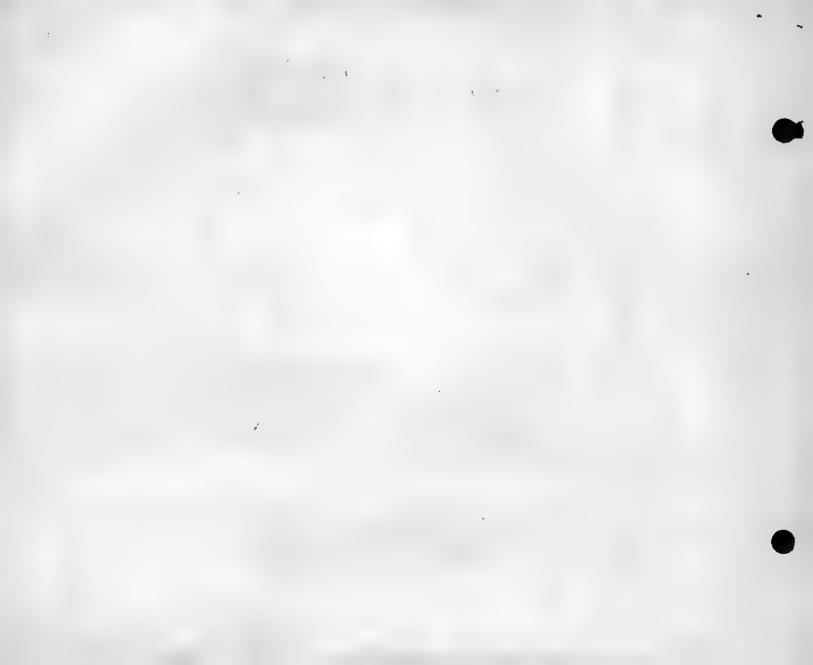
MAKTLAND STATE DEPARTMENT OF HEALTH



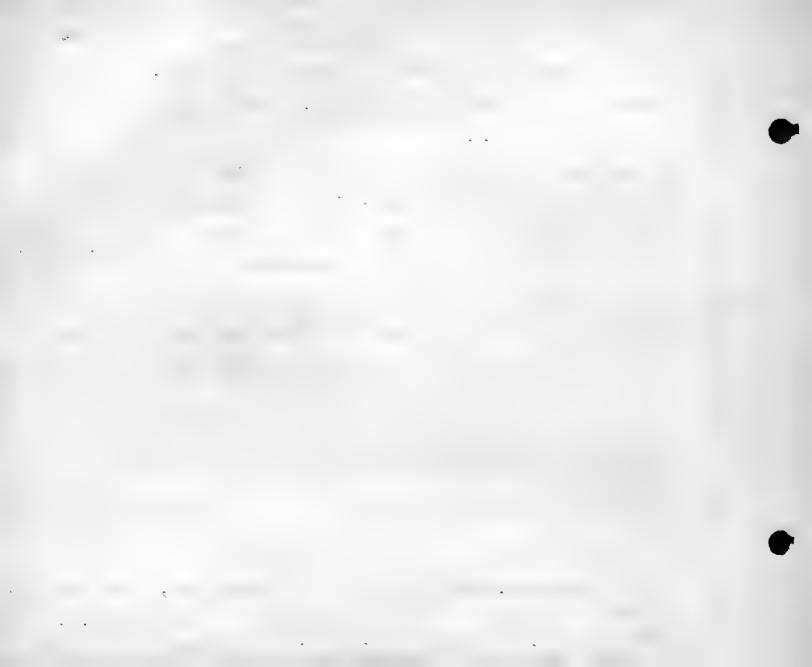
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	Mi	at work at work	e. PLACE OF INJURY (A			TION Street or R.F		City or Tawn	County	Stote
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		22b. SIGNATURE	332		DEGREE	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS	22c. DATE SIGNED	9-68
		22d. PHYSICIAN'S NAME (Type) Po	bert B. Br				New Hau	apshire Aver	ne, Sil.	Spr., Md.
	By	REMOVAL (Specify)	DATE 2-1969	23c NAME OF C 9t. Li	ncoln (emetery	1	OCAT ON (City or Town) Prince Georg		(State) Land
	8	HURSEBHILDERIET (hreu. Inc.	8434 Geo	Sil.Sp	enite par	ACIO BY REGIS	1969 256 REGISTR	AR S SIGNATURE	45-



	_	1	MAKTLAND STATE DEPARTMENT OF HEALTH	
•			DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
1			CERTIFICATE OF DEATH	17751
Ø ± _~	€		CEASED-NAME First Middle Jost 20 DATE OF DEATH	2b HOUR
24 hours after death.	eo	ļ ļ	The or print) Paul T. Culbertson Month Doy	- Year 8 740 M
fundamental fundam	9.0	3 SE		TE UNDER I YEAR IF UNDER 24 HRS
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P P P	3	L	ARNESTOWN give street oddress) 7 # 28 during most of working life, even i retired) USUAL RES DENCE (Where deceosed I ved, if institution Res dence before 13c CITY OR TOWN 13d MISIDE CITY LIMITS? 13e STREET AND NUMBER	S. Go v T.
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be la	=		GEORGE G. CULBERT SARA SMITH	
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ertificate be executed with physician and completely len please remove, carban	i ≡ith the State Dept. of Beolth infor to burial, cremotion, or removal, and in ony event, with	Ľ	WAS DECEASED EVER IN U.S. ARMED FORCES? es. no. of Jinknown) (Hyes give war of dates of service) 577-56-1117 MARIA B. CULBERTSON-SA	MERS 13-E
Ger Ger	DI I		18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)	APPROXIMATE NTERVAL
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e lo ten ss b	1 1	CERTIF, CATION	190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b IF YES, WERE FINDINGS CON CAUSES OF DEATH?	SIDERED IN CERTIFYING
Le port	- Pag.	RIF	TE3 NO	
S S S S S S S S S S S S S S S S S S S	60		210 ACC.DENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (Enter nature of injury in Port I or Port 2, Item OR CONTRIBUTING CAUSE OF DEATH HOUR AM Month Day Year	m 18.)
25 号信号	of	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M Month Doy Year (If either, notify medical examiner) P.M 19	
hos he	P.	W.	21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME FARM STREET, FACTORY.) 21f LOCATION Street of R.F.D. No. (ity of Towns	County State
he he leto	De	П	While Not while of work	
ING 3y t fer	tafe		22a. I certify that (I) (this-hasertal) attended the deceased from OST 19 57, to 18 /Jec 19 6	8 , that (I) two last
A A A A	e ∾	Н	sow the deceased once on 18 Dec 19 GY, and that in (my) (em) opinion death occurred on the date	ond hour ond from the
O Single	ŧ		couses stated above, (1) (did) (did-not) view the body after death	
Tet A	Ē		276 SIGNATURE ATTENDING MED STAFF 22c DAT	TE SIGNED
D be Die	=		The Minetick // Macy , May DEGREE PHYS DIRECTOR PHYS. 4 /9 0	Dec 68
TAL AL AL	- 00		AMME (Type) Graden Murd Och Smith MD 22e ADDRESS Borde Md 2	. 5
25.7 4 n 4 n 50.7 70.7	ld b		District the second sec	0720
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and compled director, page 3 should be detached for use as the barrial-transit permit. Then please remove as	should be file.	23 o.		(County) (State)
5 5 5	25		大学学文学 12-21-68 Darnestown Cemetery Darnestown	Md.
VR /	A15 (20)	24	FUNERAL DIRECTOR ADDRESS 250 REC D BY REGISTRAR 25b REGISTRAR 5 SIG	
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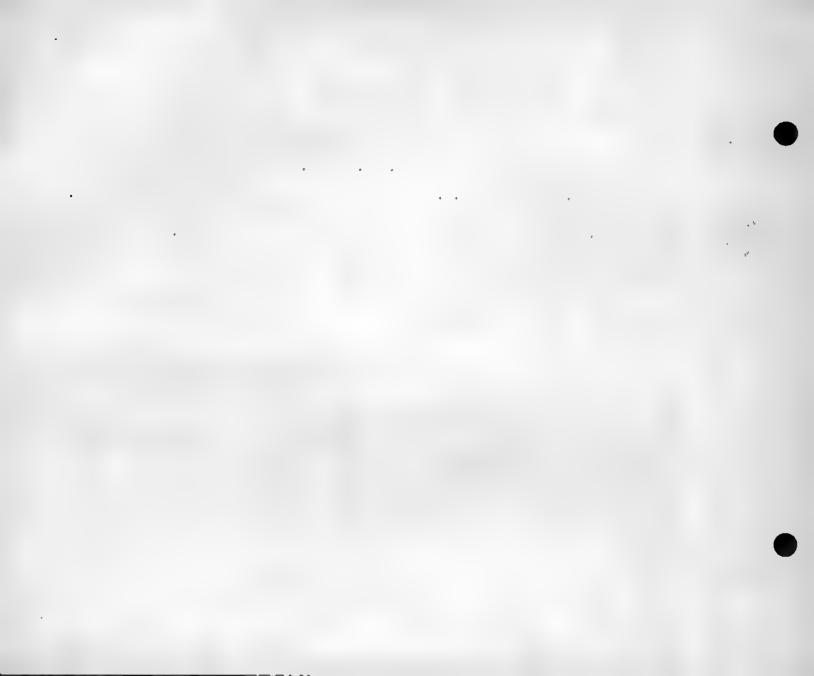


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2	A 100/100 A 6	DIVISION OF VITAL RECORDS	, 301 W. PRESTON STREET, BALTI	MORE, MARYLAND 21201	
7	RATE		CERTIFICATE OF DEATH	1	7752
ب 22	1. DECEASED-NAME First		Last	2g. DATE OF DEATH	2b HOUR
death and death	(Type or print)	ice Enloe	Davis	Dec. 3ay	1988 3 25 A
2 3 2	3. SEX	4 RACE	S DATE OF BIRTH		7 (
€(1A 3				6 AGE (n years last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
2 2 3	Jemale	White	Nov. 4, 1887		
Page Page	7a. BIRTHPLACE (State or foreign country)	76 CITIZEN OF WHAT COUNTRY?	MARKET HEALT MAKE FOL	. COUNTY OF DEATH	
pope	Missouri	u.s.A.	WIDOWED DIVORCED	Montgome	ty Md
1	TO CITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR .N	ISTITUTION (If nat in haspita) 12a USUA	OCCUPATION (Kind of work done	12b KIND OF BUSINESS OR
wij.	Chevy Chase			workingdife, even if retired)	own home
od ont,	13a. LSJAL RESIDENCE (Where decear admission) STATE	sed lived, if institution: Residence before		1752 13e STREET AND NUMBER	
amj amj	dillissidil) STATE Mel.	13b. COUNTY Montgomers	Ch. Chase YES IN NO	3802 Thorna	pple
exe emc emc	14. FATHER S NAME First	Middle Last	15. MOTHER'S MAIDEN NAME FIL		Last
be ar lin	9saac	- Enl	pe Re	becca	Chast
ote ciar ciar and and	160 WAS DECEASED EVER IN U.S. AR	MED FORCES? 166. SOCIAL SECURITY	NO 17 INFORMANT	Address	h. (h. Od.
ifica In plant	Yes, na, at unknown) (If yes give	war or dates at service) 214-46-64	600 Roy Josep Davis	3802 Thornappl	e Street
g pl	IR CAUSE OF DEATH (Enter of	oly one ray to per lon for (a) (b) and (c)			APPROX MATE INTERVAL
# di- di-	PART I. DEATH WAS CAUSE	nly ane cause per line far (a), (b), and (c) BY.	- and One of		BETWEEN ONSET AND DEATH
dec rmi	4124 1MMEDI	ATE LAUSE (a)	ocacou group	eeency	100ags.
the e a	Conditions, if any, which gave	DUE TO, OR AS A CONSEQUENCE OF	and Oats 1	0.04.	2016
at , the nasi	rise to immediate cause (a).	(U)	one of Collins	CLUWU	syn.
trant, cre	stating the underlying cause	DUE TO, OR AS A CONSEQUENCE OF			
ysie nial rial		/ (c)			
by the hospital ar attending physician. The law requires that the death certificate be executed within 24 haurs after death by the hospital ar attending physician and campletaly fixed in by the transfer this certificate has been signed by the attending physician and campletaly fixed in by the body be defached far use as the burial-transit permit. Then please remave carbot, pages, Poggs 1 and State Dept. af Health priar to burial, cremation, ar removal, and in any event, within 72 haurs after death	PART 2 OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO DEATH BUT N	IOT RELATED TO THE TERMINAL DISEASE OR CO	NDITION GIVEN IN PART 1(a)	
ding een the	NO TOOL				
OR ATTENDING PHYSICIAN: The law be refained by the hospital ar attendin DIRECTOR: After this certificate has been e 3 should be defached far use as the ed with the State Dept. af Health priar the	19a. DATE OF OPERATION 19b	CONDITION FOR WHICH OPERATION WAS PE	200. 710.07.01	20b IF YES, WERE FINDINGS CO CAUSES OF DEATH?	INSIDERED IN CERTIFYING
E to 4 set of			YES NO		
AN: ocate ar lea		NG 216 TIME OF INJURY TH HOUR A.M. Manth Day Year	21c. HOW INJURY OCCURRED (Enter	nature of injury in Part 1 or Part 2, 11	em 18.)
a de la companya de l	OR CONTRIBUTING CAUSE OF DEA	iner) P.M.	9		
hos se se sept.	21d INJRY OCCURRED 21e While Nat while	PLACE OF INJURY (AT HOME FARM, STREET, 6)	CTORY) 21f LOCATION Street or R.F.D. No.	City or Town	Caunty State
DING PHYSICIA by the hospita 4fter this certific be detached fe State Dept. alf	at wark at wark			Λ	,
To the state of th	22a. I certify that (!) (#	us baspital), attended the deceas	ed from Leugent 2-, 194	2, to lie 3 , 196	, that (I) (we) last
S A A	saw the deceased o	live on Dec Z	19 $\mathcal{L}\!$	ion death accurred an the dat	e and hour and from the
TI T		e, (i) (we) (did) (did not) view the	body ofter death. 12/3/68	3/25 AM	
Wilson Wilder	22b SIGNATURE	and it	ATTENDING ME	D. STAFF region	ATE/SIGNED
Dispersion of the property of	(A) If is	arang MU.		ECTOR PHYS. 12	13/68
ITAI May Pa Pa Pa	22d. PHYSICIAN'S NAME (Type) Willi	1/2 1/2	22e. ADDRESS	the Water City	· C. · · · M.I
FO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be refained by the hospital ar attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be defached far use as the shauld be filed with the State Dept. af Health priar to	will			ing Drive, Silve	e spring, riv.
E Se		DATE 23c NAME OF Rock	CEMETERY OR CREMATORY	23d. 10CAT ON (City or Town)	(Caunty) (State)
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45M = 1/69	Warner E. Pumph	rey, Inc. 8434 Geo	rgia Avenue DANDEC) 1000 /	- C 0

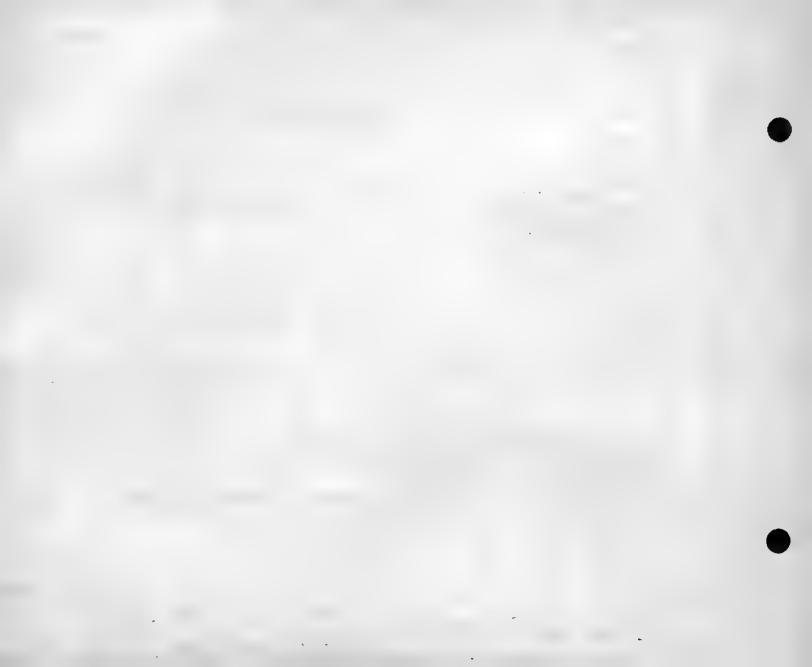




1	Ete	ems 18-22a Film 409 MARYLAND STATE DEPARTMENT OF HEALTH 14-69 ams DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		17733 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	754
HEALTH DEPT.		DECEASED NAME First Middle Lost 20 DATE KNOWN Month Doy (Type or Print) GIADYS JEAN DIY DEATH MATED	Yeor 2b HOUR
any deloy is 2, and 3 to PM3. Page	1	SEX 4 RACE S. DATE OF BIRTH 6 AGE (In years F UNDER 24 HRS 20 DATE PRONOUNCED DEAD MONTH'S DAYS HOURS MIN MONTH 12. Day 9 Year	or 19 68 9:15m
	tour	BIRTHPLACE (Stote or foreign 75 CITIZEN OF WHAT COUNTRY? 8 MARRIED 9. COUNTY OF DEATH 11/19	Md
after death 8 Give Poges 1, olong with form with the Start		Takona Park , give street oddress) Tash. San. & Hosp. during most of working life, even if retired.) INDUSTR	ND OF BUSINESS OR RY
olc olc wi	°	o. USUAL RES DENCE (Where deceosed Med, if institut on Residence before 13c CITY OR TOWN odmission) STATE 14. V3b COUNTY P.G. 1delphi YES NO 2402 fetgerott F	ld.
24 hours in Item 19 Office SS 1 od 2 vs. offer designs 10 d 2 vs. offer d	14 (FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle W. Albert Wright Margaret E. Clineman	Lost
in the second se		WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (Hyss give wor or dates of service) 16b. SOCIAL SECURITY NO Family of Deceased	
be executed 'pending" in inef Medicol Esansit permit Fievent within		IB. CAUSE OF DEATH (Enter only one couse per him for (o), (b), ond (c)) PART I DEATH WAS CAUSED BY- HMMIDIATE CAUSE (o) Gunshot wound in head with cerebral DUE 10, OR AS A CONSEQUENCE OF Conditions, it any, which gove (a) (b) Laceration and exsanguination.	APPROXIMATE INTERVAL TWEEN ONSET AND DEATH
is certificate should be ete, writing the word "per forworded to the Chief in used as a bunol-transit removal, and in ony ever	N	Stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
0 = 5 = 1	CERTIFICATION	WAS PERFORMED?	O. AUTOPSY? YES NO
#= = = = =	MEDICAL CE	210 EXTERNAL CAUSE WAS 210 TIME OF INJURY Month, Day, Year 211 HOW INJURY OCCURRED (Enter notice of injury in Sart 1 pr Part 2 Item 18) PRIMARY OR CONTRIBUTING PRIMARY OCCURRED (Enter notice of injury in Sart 1 pr Part 2 Item 18) Deceased a pracently shot in near 1 processed apparently shot in near 1	
L EXAMINER: ecute the certi Page 4 should or your files. R. Page 3 should idl, cremation,	~	while at work at work at work of the building, etc) Home 2402 Metzerott Rd. Adelphi Pr.Ge	
pleose of director retained N. DIRECTOR		220. I certify that I took charge of the remains described above, held an Autopsy , Inspection Inquiry , a death resulted from: Notucol causes Accident , Suicide , Hamicide , Undetermined manner ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER 226. DATE SIGNED	and in my openion
necessory, p the funerol 5 moy be re 10 FUNERAL Health prior		EXAMINER'S BELDEN K. FERRING ADDRESSISVOLVER TOWN DEC. 1	2,1968
0 = ± ~ 0 ±	L	OBURIAL, CREMATION 236. DATE 236. NAME OF COMPERTY OR CREMATORY 23d .OCAT ON (City or Town) (Country 15 Wile. 13, 1968 Rose Hell Cemetry Berry Berry	mehrgan
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9-		1		17735	DIVISION OF			PRESTON STREET, BALL	IIMORE, MA	RYLAND 21201	1775	7%
1							ERTIF	CATE OF DEATH				
	death.	and 2 death.		CEASED-NAME First Type or print BERTHA	A	Middle HENRIETTA	ı	Last DEMAR	2a. DATE OF	Manth 2 Day	26-68 Year	2b. HOURA 9:00 M
	s offer deat	rous after c	3. SE	FEMALE	4 RACE NE	GROE		S. DATE OF BIRTH	3-27-98	6. AGE (In years last birthday) 70 YRS.		F UNDER 24 HRS. HOURS M-N.
	4 hours	William P	7a E	HRTHPLACE (State or foreign 17) MARYLAND	b CITIZEN OF WH. UNITE	AT COUNTRY?	8. MARRIEI WIDOWEI	DIVORCED DIVORCED	9. COUNTY OF Mon			Md.
	vithin 24 ho	n ony event, within 724	10. C	OLNEY	11 NA give si	ME OF HOSPITAL OR INS treet address) Mon	TITUTION (II	nat in haspital 12a USU RY GENERA Curing in	AL OCCUPATION	(Kind of work done life, even if retired.) RETIRED	12b. KIND OF BI INDUSTRY	
,	ecuted with completely	ve carb event,	13a admi	USUAL RESIDENCE (Where deceased ssian) STATIMARYLAND	Itved if institute	an Residence befare	13c CITY C	OR TOWN 138 INSIDE CITY	LIMITS? 13e ST	REET AND NUMBER #1		
	o p	yu y	-	ATHER'S NAME First	M.ddle	Last		15. MOTHER'S MAIDEN NAME	First	Middle		Last
	be ex	in (JAMES		STEWAL	₹T	A	NNIE		STEW	ART
	physicial D	ral, and		WAS DECEASED EVER IN U.S. ARMEI es, na, ar unknawn) (If yes give war	D FORCES? or dates of service)	16b. SOCIAL SECURITY N	10. 17	INFORMANT		Address		
	OR ATTENDING PHYSICIAN: The low requires that the deoth certained be executed within 24 hours ofter deoth be retained by the hospital or ottending physicion. SIRETOR: After this certificate has been signed by the ottending physicial and completely filled in by the funeral	director, page 3 should be defoched for use as the burial-fronsit permit. Nen please remove carbon pages should be filed with the State Dept. of Health prior ta burial, cremation, or removal, and in ony event, within the state Dept.		1B. CAUSE OF DEATH (Enter any PART I. DEATH WAS CAUSED IMMEDIATION of the part	DUE TO, OR AS	S A CONSEQUENCE OF	CRA.	TO THE TERMINAL DISEASE OR			APPROXIMA BETWEEN ONS	et and death
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	ICIAN: bitol or tificote	d for u of Heol	EDICAL CE	21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, natify medical examine)	HOUR A.M. P.M.	Manth Day Year	,	HOW INJURY OCCURRED (Enti		ry in Part 1 ar Part 2, I	Item IB.)	
	PHYS he hos this ce	be detoched State Dept. of		21d INJURY OCCURRED 21e. Pi While Nat while at work	LACE OF INJURY (LOCATION Street ar R.F.D No.		or Tawn	County	State
	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires the Page 4 may be retained by the hospitol or ottending physicion. TO FUNERAL DIRECTOR: After this certificate has been signed by	or, page 3 should be of the State of the Sta		22a I certify that (!) (this saw the deceased allocouses stated above, 22b SJENATURE Lack Lack 22d. PHYSICIAN'S NAME (Type)	hospital) atte ve on Oct c (I) (we) (did) (did nat) view the	bady afte	GREE ATTENDING PHYS. 22e. ADDRESS	, to Z inion deoth MED DIRECTOR	CTACE 224. [LZ, that (te and hour or DATE SIGNED 2-27-	
	TO HO: Page 4	shoul	L	BURIAL, CREMATION, REMOVAL (Specify)	TE - 3/1-6	8 BROG		Frove. Cem.	LAVI	ON (City of Town)	(County) Monty	(State)
	30A	R A15 NV	£4	PUNERAL DIRECTOR	Grom	de ADDRESS	och	vel p DATO AN	BY REGISTIKAR	25b REGISTRAR'S	Las Judy	IL.



1 _ × 1	1	A PARTIE DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH 17757
HEALTH DEPT.		DECEASED NAME First Middle Lost 2a DATE KNOWN DIT Month Day Year 2b HOUR
ta af af	(Type or Print) Bartholomew A. Deggins DEATH MATED 12 23 188 72 M
delay is and 3 ta M3. Page rtment af	3 \$	lost birthdoy) MONTHS ON'S HOURS MUR Manual Day
any dela 2, and : PM3. P	1	
att. Sny delay rages 1, 2, and 3 th farm PM3. Pa		BIRTHPLACE (Store or foreign 7b. CIT.ZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH WIDOWED DIVORCED MARRIED
ges far ate	_	WIDOWED DIVORCED DIVORCED MAD MEDITAL OR INSTITUTION (If not in hospital 120 USUA, OCCUPATION (Kind of work dang 126 Kind of Business OR
C) 64m > (1)	10	Mordgamery grestreet address UBURBAN HOSP. during mast of working life, even if retired) INDOSTRY LAW
offer d	13a.	. USUAL RES.DENCE (Where deceased Lived, if institution Residence before 13c CITY OR TOWN 13d INSIDE CITY LIM TS? 13e STREET AND NUMBER
s after 18. Gentle 19. Gentle	°	admission) STATE Md 13b. COUNTY Mont Tenents YES NO - 9716 W Beaches dis
them 1 Office office	14 1	FATHER S. NAME First Middle Last 15MOTHER'S MAIDEN NAME First Middle Last
5 4 5 E		DAVID PARRAGUT DIEGINS MARGARET COLEMAN
be executed within 24 "pending" in pencil is nief Medical Examner's ansit permit. File plaes event within 72 hours		WAS DECEASED EVER IN L. S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT ADDRESS ADDR
l with the Exam Exam File	-	APPROXIMATE INTERVAL
be executed "pending" in nief Medical E ansit permit. F event within		PART 1 DEATH (Enter only one couse per line for (a) (b) and (c)) PART 1 DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Free Sartage Sartag
exect ndin Med per per		DUE TO, OR AS A CONSEQUENCE OF
be 'pe 'ipe 'nief 'pe 'ansit		Conditions, if any, which gove trise to immediate cause (o). (b) Laceration of Juguary hain.
shauld be e re ward "per a the Chief ! burial-transit		stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF
sho te w a th buri		(c)
L EXAMINER: This certificate shauld be executed within 2 ecute the certificate, writing the ward "pending" in pencil or Page 4 should be farwarded to the Chief Medical Examiner or your files. R:Page 3 shauld be used as a burial-transit permit. File praction, continuously cond in any event within 72 hour		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
certifi , writing arward arward maval	TIO	190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION 20. AUTOPSY?
This cate, voe far	CERTIFICATION	WAS PERFORMED? YES □ NO 🙍
Third the document of the docu		21a EXTERNA. CALSE WAS 21b TIME OF INJURY Manth, Day, Year 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18) PRIMARY OR CONTRIBUTING HOUR A M
INER: T e certific should b files. 3 should orten, or	MEDICAL	CAUSE OF DEATH 725 PM (2/23 196) Lot 149/80/3 r 12/12 20 20 20
the the sland of t	2	21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, while at work at work at work at work of the building, etc.) 41 WORK AT WORK
DEPUTY DICAL EXAMINER: cessory, please execute the certile funeral director. Page 4 should may be retained for your files. FUNERAL DIRECTOR: Page 3 should solfth prior to burial, cremation,	1	
exe exe or. Par. Par. Par. Par. Par. Par. Par. Pa		220. I certify that I took charge of the remains described above, held an Autopsy, Inspection k, Inquiry k and in my apinion death resulted from: Natural causes, Accident, Suicide k, Homicide, Undetermined manner
please e director retailed DIRECT		CHIEF MEDICAL EXAMINER
TY, please eral direct be retaine RAL DIRECT Prior to leave the leave to leave the lea		SIGNATURE SIGNATURE 226 DATE SIGNED 226 DATE SIGNED
PUTY Sary, unera y be VERA		EXAMINER'S DEPUTY MEDICAL EXAMINER 2 Der 23, 1968.
		NAME (Type) John G. Ball ADDRESS(Street, city, town, or county) Montg. Co., Md.
07 点点 4 2 0 1 1	1	BUR AL CREMATION, 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State)
		FUNERAL DIRECTOR ADDRESS ADD
VR A15ME (5) 10M REV 1/68		os. Gawler's Sons, 5130 Wis. Ave. NW. Wash. D.C. DADEC 30 1968 Clarks Quese
10/4/ 66.7 17.00	00	S. CANTOL S CONSTITUTION THE MACHINETING TO STATE OF THE

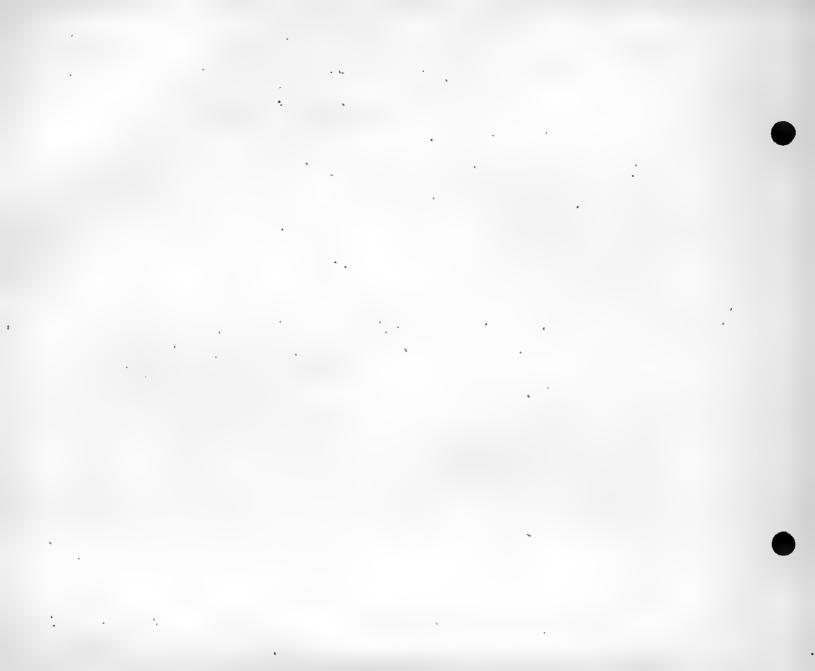
AND STATE DEPARTMENT OF USE

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17758 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1 DECEASED-NAME Middle last 20 DATE KNOWN Month (Type or Print) Page Alfred DEATH MATED Donnaud Dec delay and 3 1 4 RACE S DATE OF BIRTH AGE (In years IF UNDER 1 YEAR F JNDER 24 HRS 3 SEX 2c DATE PRONOUNCED DEAD last birthdov) MONTHS HOURS 10/2/93 Cau М 75 YRS Dec 76 CITIZEN OF WHAT COUNTRY? 7a BIRTHPLACE (State or foreign MARRIED NEVER MARRIED 9. COUNTY OF DEATH U.S. WIDOWED-Louisiana DIVORCED [7] Montgomerv 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (if not in hospital 120 USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR Silver Spring give street address) during mast of working life, even if retired.) INDUSTRY Holy Cross Glye Hdvertisina - Ketired Office alond with 13a USUAL RESIDENCE (Where deceased I yed, if institution Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? death. 13n STREET AND NUMBER COUNTY admission) STATE in Item 18. Orleans YES NO 1205 St. Charles Ave. New land2 after 14. FATHER'S NAME M.ddle Lost IS MOTHER'S MAIDEN NAME First Middle Albert Donnaud Siddie Dawkins haurs farwarded to the Chief Medical Examiner's pages 16a, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO pencil 17. INFORMANT certificate should be executed within **ADDRESS** (Yes, na. or unknown) (If yes give war ar dates of service) John Donnaud, 11400 Lovejoy <u>ت</u> NINT 490-03-0485 within 18. CAUSE OF DEATH (Enter only one couse per bee-for (a), (b), and (c).) BETWEEN ONSET AND DEATH "pending" PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) event DUE TO, OR AS A CONSEQUENCE OF burial-transit Canditians, if any, which gave rise to immediate cause (a). the ward DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause ,⊑ and PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 remayal nsed 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED? please execute the certificate. YES 🔲 NO IX pe should be ö 21g EXTERNAL CAUSE WAS 216 TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) 3 shauld PRIMARY OR CONTRIBUTING HOUR A.M. crematian, CAUSE OF DEATH 21d INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f LOCATION Street or R F.D. Na Ctv or Town County State factory, affice building, etc.) FUNERAL DIRECTOR: Page AT WORK ____ AT WORK 22a. I certify that I tank charge of the remains described above, held an Autopsy Inquiry A Inspection and in my apinian death resulted from: Natural causes Homicide Undetermined manner Accident Suicide CHIEF MEDICAL EXAMINER prior ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE. DEPUTY_MEDICAL EXAMINER Health **EXAMINER'S** may ADDRES (Street sty town or county) y NAME (Type) 90 23b. DATE 23g. BURIAL CREMATION 23d LOCATION (City or Town) (County) (State) REMOVAL (Specify) 2-28-1968 Greenwood Comptenii New Orleans Spr. Ma 250 RECD BY REG STRAR 24 FUNERAL DIRECTOR 2Sb REG STRAR'S SIGNATURE VR A15ME (5) Georgia Avenue uarnhreu. 10M REV 1768

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277		division of vital records, 301 w. Preston street, Baltimore, Maryland 21201
A Same		CERTIFICATE OF DEATH 17759
death		(Ype or print) Edward Augusta Dove 20. DATE OF DEATH Day Manth Day Year St.
	3. SI	A RACE S. DATE OF BIRTH S. DATE OF BIRTH S. DATE OF BIRTH ADDRESS OF WORLD SEAR OF WORLD SEAR OF WORLD SEAR OF WORLD SEARCE
n 24 haur illed in b papers. p		BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH NOT OF DEATH WIDOWED DIVORCED MARRIED NOT GOT CER S
· · · · · · · · · · · · · · · · · · ·	10	TY OR JOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital give street oddress) 12a. USUAL OCCUPATION (Kind of wark dane during mast be wark no life, even if retired.) 13b. KIND OF BUSINESS OR during mast be wark no life, even if retired.)
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eath certifi anding phy: or remaval		18 CAUSE OF DEATH (Enter only one couse per one for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MY OF CONTROL IMMEDIATE CAUSE (a)
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OR ATTEND be retained SIRECTOR: A e 3 shauld ed with the S	,	22b. SIGNATURE DEGREE PHYS DEGREE PHYS DEGREE PHYS DEGREE PHYS 22c. DATE SIGNED 22c. DATE SIGNED 12/7/66
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MARYLAND STATE DEPARTMENT OF HEALTH

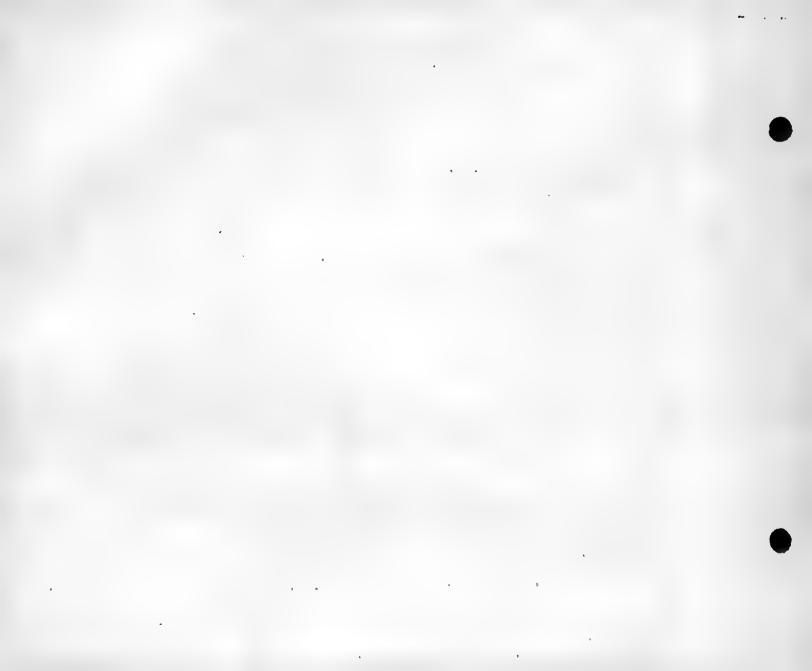


100 -14	L	MAKTLAND STATE DEPARTMENT OF HEALTH
4:	Т	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
H	1	CERTIFICATE OF DEATH 17760
r death.		ECEASED NAME Type or print) - HOMAS CHARLES SR 20 DATE OF DEATH Month Day Year 26 HOUR MONTH DOY YEAR CHARLES M.
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filled an pape within 7.	10	CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (if not in hospital SILVETS OCCUPATION (Kind of work done give street address) 12 USUAL OCCUPATION (Kind of work done during most of working life even if retired) 12 NAME OF HOSPITAL OR INSTITUTION (if not in hospital during most of working life even if retired) 12 NAME OF HOSPITAL OR INSTITUTION (if not in hospital during most of working life even if retired) 13 NAME OF HOSPITAL OR INSTITUTION (if not in hospital during most of working life even if retired) 14 NAME OF HOSPITAL OR INSTITUTION (if not in hospital during most of working life even if retired) 15 NAME OF HOSPITAL OR INSTITUTION (if not in hospital during most of working life even if retired)
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DHOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exequted within 24 hours Page 4 may be retained by the hospital or attending physician. FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages should be filled with the State Dept of Health prior to burial, cremation, or removal, and in any event, within 72 hours.	160	Was Deceased Ever in U.S. ARMED FORCES? Yes, no., or ynknown) (If yes give war or dothes of service) 579-07-5001 Thomas Downes TR. 80760NAS
h cer ing p The	Г	18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)). APPROXIMATE INTERVA. BETWEEN ONSET AND DEATH OF THE WAS CAUSED BY
deat rend mrt.	П	PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) While Gronary Inrombrous Fauchouse
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AN: of ar cate or u feal		21a ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAJSE OF DEATH HOUR A.M Manth Day Year
SIC.	MEDICAL	(If either, natify medical examiner) P.M. 19
PHY he ho this c		21d INJURY OCCURRED While Not while at work 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY,) 21f LOCATION Street or R.F.D. No. City or Town County State
by t ffer ffer be o		220. I certify that (I) (this-hospital) attended the deceased fram 1900, to 1900, to 1905, that (I) (see) last
OR ATTENDING be retained by If NRECTOR: After I e 3 should be de	ı	sow the decessed alive on 1963, and that in (my) (ear) opinion death accurred on the date and hour and from the cooses stated above, (I) (and not) view the bady after death.
ECTO Street		226 SIGNATURE 22c DATE SIGNED 22c DATE SIGNED
DIR DIR		22d PHYSICIAN 22e. ADDRESS VIWOOD HEIGES 1.D. F.A.C.A.
PITA FRAL Pr., po	1	hand (lype) LYNWOOD HEIGES 15015 Flower Valley Court
ro Hospital Poge 4 may b To Funeral D director, pag shauld be fille	230	BURIAN CREMATION, 23b DATE 23c. NAME OF CEMETERY OR CREMATORY POTOMAC, Maryland Potomac, Maryland
5-5	_	-/ -/ 00 100ma0
VR A15 (4)\ 30M REV 1/68		FUNERAL DIRECTOR Tyson Wheeler F. H. 1331 Rockville Pike Rockville Maryland JAN 3 1969 Actionles Judge
V	-	NOCKVILLEY "MFYLANG " 7 4

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			PINISION OF			DEPAKIMENI PESTAN STREET		IH E, MARYLAND 21201		
		17750	DIVISION OF	•		ATE OF DE	•	L, MAKILAND 21201	1 17 17 12 -	•
		CEASED-NAME First		Middle		Lost	20.	DATE OF DEATH	1110	2ь новам
	(1	ype or print) Edwa	urd	Harry		Drummer		December 2	2, 1988	4:15 M
	3. SE		4. RACE			S DATE OF BIRTH		6. AGE (In years		IF UNDER 24 HRS.
l	L	Male		Vegro		9 July		last birthday)		HOURS MEN
	70 l	SIRTHPLACE (Stote or foreign	76. CITIZEN OF W	HAT COUNTRY?		NEVER MARRIED	9 COL	UNTY OF DEATH		
		Maryland	USA		WIDOWED			Montgomery		Md.
]	or fown of death Bethesda	37/13	IAME OF HOSPITAL OR IN street address) 16 CLINICA	L Cente	r, NIH	12a USUAL OCCI during Best occ i	UPATION (Kind of work dane working life, even if retired) ENC	12b KIND OF BU INDUSTRY	JSINESS OR
/	130 adm	USUAL RESIDENCE (Where deceonsion) STATE (aryland)	13b COLNTY Queer	n Annes		sville YES	NO T	No street a	ddress	
1	14, 1	ATHERS NAME First	Middle	Lost	15	MOTHER S MAIDEN	NAME First	Midd e		Lost
		Edward		Drumm			Emma,		B	ordley
		WAS DECEASED EVER IN U.S. ARA es, ng, or unknown) (II yes give v	AED FORCES? var or dates of service)	16b. SOCIAL SECURITY				al RecordAddress		
		No		None	Th	e Clinic	al Cent	er, Bethesda,		d. Je interva:
		1B. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE							BETWEEN ONS	ET AND DEATH
		I IAMEDI	ATE CAUSE (e)			opneumon	ia, ler	t upper lobe	3 days	3
		2046 Conditions, if any, which gave		AS A CONSEQUENCE OF		a. Tavelaam	wt _		0	
		rise to immediate cause (a),	(p)	Acute Lym AS A CONSEQUENCE OF		.c beuken	пя		2 year	rs
		stating the underlying couse.		AS A CONSEQUENCE OF					1	
		PART 2. OTHER SIGNIFICANT CO	(c) NDITIONS CONTRIBI	ITING TO DEATH BUT N	OT RELATED TO	THE TERM, NAL DIS	FASE OR CONDITI	ON GIVEN IN PART 1(a)		
		2043 Pancrea			101 (120 120 10	THE TENNITURE OF				
	AT ON			HICH OPERATION WAS PI	ERFORMED	20a. AUTOPSY?		20b. IF YES, WERE FINDINGS	CONSIDERED IN CER	TIFYING
1	CERTIFICAT					YES.	NO 🗌	CAUSES OF DEATH?	25	
		21a. ACCIDENT WAS UNDERLYIN				W INJURY OCCURRE	ED (Enter natur	e of injury in Part 1 or Part 2	!, Item 18.)	
	D CAL	OR CONTRIBUTING CAUSE OF DEA	HOUR A.M ner) P.M		9					
	MED	While Not while	PLACE OF INJURY	(AT HOME, FARM, STREEY, FA OFFICE BUILDING, ETC.		CATION Street or		City or Town	County	State
		22a. I certify that (4) (the saw the deceased of	is haspital at	tended the deceas	ed from P	ugust 12	1900	topecember 2 1	9 00 , that (() (we) last
		saw the deceased of causes stated above	e.4) (we) (did)	(367) view the	body ofter d	eoth.	our) opinian	aeath accurred on the c	tate and havr a	na from the
		22b SIGNATURE	7 (7 () (210)	00	11	Å.	urn		DATE SIGNED	2060
		150	un-	4 EUN	_ Actions	ATTENDING PHYS.	DIRECTO		December	-
		22d. PHYSICIAN'S	. T T.	/- 100				nical Center		
١		NAME (Type) Harmo	on J. Ey:	re, MD.		Instit		Health, Betl	nesda, Md	•
	230		DATE	1	CEMETERY OR	CREMATORY	23d	LOCATION (City or Town)	(County)	(State)
	04	JURIAL /	2-5-6	BATTS		Inc.	DECID BY DECI	STRAR 256 REGISTRAR	ANNA MAI	RYLAND
	24	FUNERAL DIRECTOR BRBARA L. DASH	E11 42	ASTON, M	STILAI	VD S	PEC 5	di Silan and an an		
Ì	1/2	ARBAKA C. WHSH	(C)	1131010 111	ANG	UA	15 - 21	1968 yells	Alex land	





	Item13 Film.G407 12/72/88 K.MAKTLAND STATE DEPARTMENT OF HEALTH
	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
A STATE OF THE PARTY OF THE PAR	CERTIFICATE OF DEATH 17762
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r death ond ond	3 SEX 4. RACE S. DATE OF BIRTH 6 AGE (1) YEAR IE UNDER TYEAR IE UNDER 24 HRS.
by after death by a second control ond control ond control on cont	AA
E S	70 BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED TO MEVED MARRIED TO COUNTY OF DEATH
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fille thin 77	TOTAL ALL TIMES CO. TOTAL CO. TOTAL CO. T. C.
信气港	See 1 = 0 Diversiteet podress) // Iduring most of working title (Wearli retired) NNOUSTRY
contrely with	130 USUAL RESIDENCE Where deceosed lived, if institution Residence before 133 CITY OR TOWN 134 MSIDE CIT LIMITS? 13e, STREET AND NUMBER
comprtely fille	odmission) STATE MARYLANT 36 COUNTY MUNTGOMERY SILVER DRIVES NO 12477 Old Columbia Piko
nd com	14 FATHER'S NAME First Middle Lost IS. MOTATER'S MAIDEN NAME First Middle Lost
be and	GEORGE W. ENWARDS ELLA GRAY:
it the deoth certificate be exec the attending physician and co sit permit. Then please remo notion, or removol, and in any	160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes no or unknown if lift yes given were or detains of services. 16b SOCIAL SECURITY NO. 17. INFORMANT 17. INFORMANT 17. INFORMANT
hys vot,	Yes, no, or unknown (If yes give war or dates of service) 220-01-2029 MILORED H. LIWARDS 1447 OF S.S. M.H.
rer The The	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) APPROXIMATE INTERVAL. BETWEEN ONSET AND GEATH
ooth	PART I DEATH WAS CAUSED BY Parlmonally Edewa
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tof confliction for file	□ OR CONTRIBUTING □ CAUSE OF DEATH HOUR A.M. Month Doy Yeor
DING PHYSICIA I by the hospita After this certific be detoched if State Dept. of f	If either, notify medical examiner P.M. 19
PH he	While Not while at work of work
NG y the terminate	22a. I certify that (1) (this haspital) attended the deceased from any 19 63, to 12/4, 19 68, that (1) (we) last
NDI Sed b Sed b Id b Se Se	22a. 1 certify that (I) (this haspital) attended the deceased from and the first saw the deceased alive an 1968, and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated abave, (I) (we) (did) (did not) view the bady after death.
ATTENDING Frained by the CTOR: After should be dight the State	226 DATE SIGNED
OR A	LEGREE PHYS 4 MED. STAFF DIRECTOR PHYS DIRECTOR PHYS DIRECTOR DIRE
ML ON Pin O	DOL ADDRESS
TO HOSPITAL OR ATTENDING PHYSICIAN: The law right of the property of the principle	NAME (Type) Joseph E. Strith, Jr. 128. ADDRESS Bartgas ville, May.
O HOSP Poge 4 a O FUNEI director should	230 BLEIA CREMATION 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d OCATION (City or Town) (County) (Stote)
5 5 5 4 4 4	PENGUAL DETEMBER 7-1968 at Penventures Lesamuel Seague
VR A15 (4)	24 FUNERAL DIRECTOR 250 ADDRESS 250 RECULRY REGISTRAR 1968 REGISTRAR'S SIGNATURE 250 RECULRY REGISTRAR 1968 REGISTRAR 1968 REGISTRAR 1968 REGISTRAR'S SIGNATURE 250 REGISTRAR 1968 REGISTRAR 19



				AND STATE DEPARTMENT		
		A PROCESS	DIVISION OF VITAL RECORD	S, 301 W. PRESTON STREET,	BALTIMORE, MARYLAND 21201	
***************************************		11750		CERTIFICATE OF DEA	ATH	17754
E 04 E		CEASED NAME First	M ddie	Last	2a. DATE OF DEATH	2b HOUR
4 hours after deoth. yer by the funerol perse Riges I and 2 12 hours after deoth.	(1	ype or print) Sara	h	EHS Man	Month B	68 1/00 PM
fun Fer o	3 SE	X	4 RACE	S DATE OF BIRTH	6. AGE (In years	IF UNDER I YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
aft the saft		TEMPLE	White	6	1893 lost burthday) YRS.	
and and a		IRTHPLACE (State or foreign	76. CITIZEN ON WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	,
A FREE	cour	"KOUMANIA	U-S.A	WIDOWED DIVORCED		RY Md.
AN: The law requires that the early certificate be executed within 24 hours after death all or ottending physician. It is been signed by the attending physician and completely filled or by the funeral for use as the burial-transit permit. Then please remove carbon papers. Bages I and 2 Health prior to burial, cremation, or removal, and in any event, within 12 hears after death	10. 0	ITY OR TOWN OF DEATH		R INSTITUTION (If not in hospital 12	20. USUAL OCCUPATION (Kind of work done uring most of work pg life, even if refired.)	125. KIND OF BUSINESS OR INDUSTRY
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eagh crifficate battending physicion permit. Then please on, or removol, and		WAS DECEASED EVER IN U.S. ARM es, no or whiknown) { (If yes give w	11 1 1	- 1/ //	Address?	11
shys ohys		110	578-28	-5145 BENJE	TLEMAN YUVY AEL	APPROXIMATE INTERVAL
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an de		4109	DUE TO, OR AS A CONSEQUENCE		e 1.	60
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e he he he	E	210 ACCIDENT WAS UNDERLYI	NG 216 TIME OF INJURY		B (Enter nature of injury in Part 1 or Part 2	Item 18)
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Spit Spit Carried and Carried	MEDICAL	(If either, notify medical examinated 11 N.JRY OCCURRED 21e	DEACE OF MILLIPY CAT HOME FARM STREE	19 T. FACTORY \ 21f LOCATION Street or F	R.F.D. No City or Town	County State
5 PHYSIC the hospit this certi detached		TATELLE INC. SALITIES	PLACE OF INJURY (AT HOME, FARM, STREE OFFICE BUILDING, ETC.	211 COCATION SHEET OF I	City of Town	440.11
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Affe Best Store		saw the deceased o	iliveson 12 /4	19 <i>50</i> , and that in (my) (c	our) apinian death accurred on the a	date and hour and from the
oculo the country of	1	causes stated abov	e((i) (we) (did nat) view	the bady after death.		
A spiral	ı	22b. SIGNATURE	9 Alexan	ATTENDING	MED STAFF	DATE SIGNED
OR DIRE		Marp.	11. sana	DEGREE PHYS	DIRECTOR PHYS	12/9/68
TITAL OR ATTENDING PHYSION OF A STORY THE HOSE THE THIS CONTRACT OR STORY OF THE STORY OF T		22d. PHYSICIAN'S NAME (Type) MAY	G, SHERE	22e. ADDRESS	PERSHEREN Dr. S.	Ver SpRuce Mel
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O HO	230	BURIAL, CREMATION, 235 REMOVAL (Specify)	DATE 23c NAME	OF CEMPTERY OR CREMATORY	11 DARK D	D (coons)
5-5-4	24	FUNERAL DIRECTOR 5	ADD		. REC D BY REGISTRAR 25b. REGISTRAF	R S SIGNATUPE
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	1			D STATE DEPARTMENT OF IT		
		17072		301 W. PRESTON STREET, BALTH CERTIFICATE OF DEATH	MOKE, MAKTLAND 21201	17765
ċ	1	DECEASED NAME First	Middle	Lost	20. DATE OF DEATH	2b. HOUR
eot		(Type or print) ROBERT	L.	EVANS	Month Day 12/ 10	Yeor P.M
47	3. 9	SEX	4 RACE	S DATE OF BIRTH	12/ 10 6 AGE (in years	15 UNDER 1 YEAR
		Male	Cau.	4/4/96:190	last birthday)	MONTHS DAYS HOURS MIN.
	70.	BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?		O. COUNTY OF DEATH	
		intry)	tr. co. n	WIDOWED DIVORCED D		3-
	10	Texas EITY OR TOWN OF DEATH	U.S.A. 11 NAME OF HOSPITAL OR INS		Montgomery (L OCCUPATION (Kind of work done	12b, KIND OF BUSINESS OR
	F	Bethesda, Maryla	give street address)	dering mos	st of working life, even if retired.)	INDUSTRY
	130	USUAL RES DENCE (Where deceos	ed lived, if institution Residence before	13c. CITY OR TOWN 13d. INSIDE CITY LIM	etired Broker	
7	odn	nission) STATE Washington, D.(VI3b. COUNTY	Washington YES NO		F. P1 - N.W
el		FATHER'S NAME First	Middle Lost	IS MOTHER'S MAIDEN NAME FIN		Losi
		Richard				
	16	WAS DECEASED EVER IN U.S. ARM	Evans 16b SOCIAL SECURITY I	Ađelia NO 17 INFORMANT	Address	Smith
		Yes, no, or unknown) (If yes give w	ar or dates of service)	7571	1,407411	
	F		ly one cause per line for (a), (b) and (c).			APPROXIMATE INTERVAL
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		Conditions, if any, which gove	DUE TO, OR AS A CONSEQUENCE OF	tatic careina	and augusta	50000
		rise to immediate cause (a),	(b)	acid Cardinon	Tr 00 , 10 mil	199000.
		stating the underlying couse	DUE TO, OR AS A CONSEQUENCE OF			
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		144	DITIONS CONTRIBUTING TO DEATH BUT IN	OF RELATED TO THE TERMINAL DISEASE OR CO	INDITION GIVEN IN PART (Q)	
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			H HOUR A.M. Month Doy Yeor	THE HOW HOOK! OCCURED (EINE)	marble of injusy in roll 1 of 1 or 2,	19.)
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1	\	REMOVAL (Specify)	14-68 fin	color mem	Sull	melmo
	24	SUNERAL DIRECTOR	ADDRESS	250 RECD BY		SIGNATURE
	1/	Wall S	7 Mit I was no	W. Work: LOC DATE DEC	16 1968 golo	seed house



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 17766 in by the funeral ars Pages 1 and 2 2 hours after death. 1. DECEASED NAME First Middle Last 20. DATE OF DEATH executed within 24 hours after death (Type or print) Month MENOXXX ROXIE ARRAR 3. SEX RACE 6. AGE (In years S. DATE OF BIRTH IF LINGER 1 YEAR IF LINOER 24 HRS last birthday) MONTHS CAYS HOURS 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8 MARRIED NEVER MARRIED .⊑ country) Lutial, cremation, or removal, and in any event, within 72 h MONTGOMERY WIDOWED DIVORCED [and completely filled remove carban pape 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12g USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) during most of working life, even if retired.) INDUSTRY Silver Spring KASS 13a USUAL RESIDENCE (Where decaded lived, if institution Residence before 13c_CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER 13b COUNTY MONTGOMER NO 14. FATHER'S NAME Middle 1S. MOTHER'S MAIDEN NAME First Last Middle Richard P. Dodd Myrtle The law requires that the death certificate 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Address Yes, na Nr unknawn) 230-20-2220 Henry T. Farrar -Item # permit. The APPROX MATE INTERVA, BETWEEN ONSET AND GEATH 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), PART 1 DEATH WAS CAUSED BY.
1MMEDIATE CAUSE (o) Canditions, if any, which gave) barial-transit rise to immediate cause (a). signed by DUE TO, OR AS A CONSEQUENCE OF stating the underlying causes last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) has been director, page 3 shauld be detached far use as the shauld be filed with thm State Dept. In Health priar to 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES Te NO I TO FUNERAL DIRECTOR: After this certificate be retained by the haspital ar ATTENDING PHYSICIAN: 21a. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21F LOCATION Street of R.F.D. No. City or Tawn County State While Nat while at work 22a. I certify that (I) (this hospital) attended the deceased from 12/3/16 8 19 saw the deceased glive on and that in (my) (and) opinion death occurred on the date and hour and from the causes stated obave, (1) (we) (did) (did-not) view the body after death. 22b, SIGNATURE 22c DATE SIGNED ATTENDING PHYS DIRECTOR PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d 10CATION (City or Town) 230 BURIAL, CREMATION, (County) (State) REMOVAL (Specify)
Bur-Transi Hebron Baptist Virginia Avon, 24 FUNERA DIRECTOR
Tyson Wheeler Funeral Home-1331 Rockville BY REGISTRAR Pike VR A15 (4) 30M REV. 1/68 Rockville. Maryland

MAKTLAND STATE DEPAKTMENT OF HEALTH



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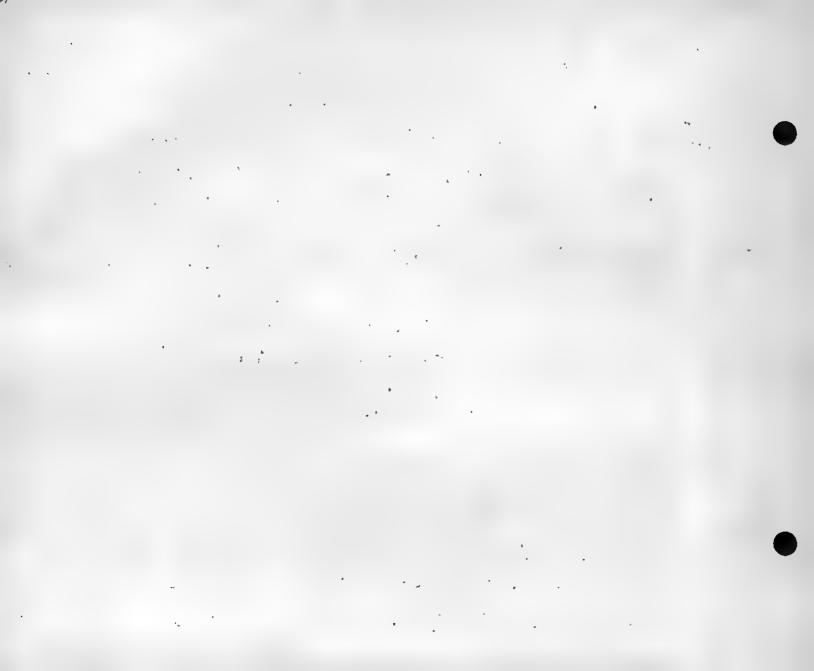
_	MARYLAND STATE DEPARTMENT OF HEALTH
,]	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
*	CERTIFICATE OF DEATH 17771
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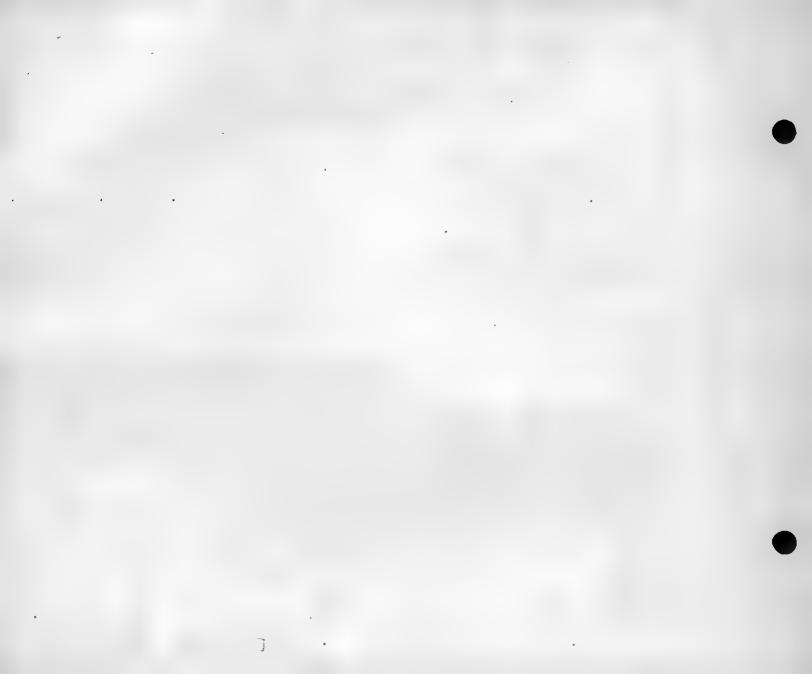
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O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached far use as the burial-transhauld be filled with the State Dept. af Health prior to burial, creasing the control of the		at wark or wark 22a. I certify that (I) (the saw the deceased a causes stated above	s hospital) attendive an	ded the deceased	from		_, ta n death accurred an th		
Page 4 may be retain OF AI Page 4 may be retain OF EUNERAL DIRECTO director, page 3 should be filed with		22d PAYSIC AN S NAME (Type) ORA	LA OSTA	Eusly M	226	TENDING MED DIRECTIVES ADDRESS TO HAVIO. BL	TOR D STAFF D	22c. DATE SIGNED 12-16- SPRIKS	
TO HOSPITAI Page 4 may TO FUNERAL director, pa shauld be fi			2-19-68		VET, CEME	TERY	MASHINGTON WASHINGTON	, ' [(State)
VR A15 (4)		FUNERAL DIRECTOR COLLING	S FUNERAL SILVER S	HOME ADDRESS PRING MAG	YLAND.	2Sa RECD BY R		RAR'S SIGNATURE	ndge



- 1					STATE DEPARTMENT OF H		
- 1		40000	DIVISION OF	-)) W. PRESTON STREET, BALTI	MORE, MARYLAND 21201	
L		2 4 6 0		CE	RTIFICATE OF DEATH		17773
1		EASED-NAME First pe or print)		Middle	Last	20. DATE OF DEATH	68 Year 26, HOUR
	נין	be or built)	α .	Ann	Fortace	12 Month /2 Day	68 Year 649 M
3	. SE)		4 RACE		S. DATE OF BIRTH	6 AGE (In years	F JMDER I YEAR IF UNDER 24 HRS,
1		Female	7	04 005/97	4-5-8=	last birthday) S.5 YRS.	MONTHS DAYS HOURS MIN
		RTHPLACE (Stote or foreign	7b. CITIZEN OF WHA		MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
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T		TY OR TOWN OF DEATH	II NA	ME OF HOSP TAL OR INSTIT	UTION (If not in hospital 120 USUA	LL OCCUPATION (Kind of Work done	V125 KIND OF RUSINESS OR
H	7	Koma Park	give st	reet oddress)	during mo	ost of working life, even if retired)	INDUSTRY
, 1	30. (SUAL RESIDENCE (Where deceo	sed lived, if institute	shing ton Sal	3C CITY OR TOWN 13d. INSIDE CITY J	M.TS7 13e STREET AND NUMBER	
a	dmis	sign) STATE (135 COUNTY	C		1 2200 Fr. L.	<+
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-	140	WAS DECEASED EVER IN U.S. AR	HED EUBLICO	16b. SOCIAL SECURITY NO	17, INFORMANT	Address	DUI
- [Ye	s, no, ocupispown) (If yes give	war or dates of service)	ALC SECENTIA		, wantess	
ŀ	-	170		180141	Mrs. Louisu Riff	re 230s Erskine	APPROXIMATE INTERVAL
- 1	-1	 CAUSE OF DEATH (Enter of PART 1 DEATH WAS CAUSE 	ny one couse per line	e for (a) (b), ond (c))	and and		BETWEEN ONSET AND DEATH
	- 1	. IMMEDI	ATE CAUSE (o)	1- www	ouary emboli	am	mundale
	Н	5007	,	S A CONSEQUENCE OF	10000	A	
	-1	Conditions, if any, which gove rise to immediate cause (a),	(b)	180 V	Marley read	eluch to	
		stoting the underlying couse;	DUE TO, OR AS	A CONSEQUENCE OF	Les (Attal and	wooton l'oscuci	1.000
	-1	last	(c)	OFER	water and and	Maray mound	1000
-1		PART 2. OTHER SIGNIFICANT CO	NDITIONS CONTRIBUT		RELATED TO THE TERMINAL DISEASE ORC	ONDITION GIVEN IN PART 1(a)	
-	22	515 W.	Leura	, root	maomain.		
,	CERTIFICATION	190. DATE OF OPERATION 196	CONDITION FOR WHI	CH OPERATION WAS PERFL	RMED (20a. AUTOPSY?	206 IF YES, WERE FINDINGS O	ONSIDERED IN CERTIFYING
	Ĕ	12/4/68	Strangula	the obliga	(8) MEC NO -	CAUSES OF DEATH?	
П		210 ACCIDENT WAS UNDERLYI			21c. HOW INJURY OCCURRED (Enter	noture of injury in Port 1 or Part 2,	Item 18.)
	ই	☐ OR CONTRIBUTING ☐ CAUSE OF DEA (If either, notify medical exam	TH HOUR A.M. iner) P.M.	Month Day Year			
П		214 INTERV OCCURRED 216	PLACE OF INJURY	AT HOME, FARM, STREET, FACTOR	21f LOCATION Street at R.F.D. No.	. City or Town	County State
-1		While Nat while at work	,	OFFICE BUILDING, ETC.	'		
- 1	ľ	22a I certify that (I) (th	nis hospital) atte	nded the deceased	from 12/1 , 19	ex, to 12/12, 19	OR, that (I) (we) last
-1	- 1	saw the deceased o	olive on	2 12 19	from 12/1, 19 2K, and that in (my) (aur) api dy after death.	nian death accurred an the de	ate and have and fram the
1			e, (I) (we) (did) (did nat) view the ba	dy after death.		
- [22b. SIGNATURE	IN NIV	romer. 1	LE DEGREE PHYS D	AED. STAFF 22c.	DATE SIGNED
ı	ŀ	Norma	MICH	Amorton.	DECKEE PHYS 141 D	IRECTOR L PHYS. L	12/13/68
П	-1	22d. PHYSICIANS NAME (Type) // ER/	HUAN	ISAACS	NIMID 220 ADDRESS	SPRING, MAR	CHAAV
	,	7,01(1			. ())~		
12	23a.		DATE E 6 15 196		METERY OR CREMATORY PER CEMETERY	23d LOCATION (City or Town)	(County) (Stote)
-	7	31.11 1.17		7 7 7 7			W. VIRGINIA
1	11	UNERAL DIRECTOR	RS Co.	PIUERDA	LE MD, DATE DE C	y registrar 2sb. registrar's	Has weder
	VL	11 NA . (131 10)	1.3		DATEUL	PA INDA V.	· · · · · · · · · · · · · · · · · · ·



1 ,,	Items 18-22a Film 408 MARYLAND STATE DEPARTMENT OF HEALTH 1-15-69 ams DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH 17	774
HEALTH DEPT.	1. DECEASED-NAME First Middle Lost 20 DATE KNOWING Month Doy	Yeor 2b. HOUR
si of each	(Type or Print) Tarrier Port of ESTI- 12-25-A	58 19 TO: 15 W
deloy	3 SEX 4 RACE S DATE OF BIRTH 6 AGE (In years of Linder 1 Year of Linder 24 HRS of DATE PRONOUNCED DEAD Months Days Hours Milh Doyy YRS	Yeor 19 <0 /0 45
Y C'	70 BIRTHPLACE (State or foreign 76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH	
~ E Q.	Country) Conneis USA WIDOWED DIVORCED 1 Conference	Mr
fer death Give Pages ang with fai th the state	give street oddress) 2 TT (during most of working life, even if retired.) INQU	KIND OF BUSINESS OR USTRY Cetired
M ale	130 LSLAL RESIDENCE (Where deceosed lived, if institution, Residence before 13c CITY OR TOWN 13d #SIDE CITY EIM 15? 13e STREET AND NUMBER Odmission) STATE 13B COUNTY 706 TOWN 13D COUNTY 700 TOWN	I Trotte
I hours Item 18 Office I and 2	14. FATHER'S NAME First Middle Lost 15 MOTHER'S MAIDEN NAME First Middle	Lost
	. 7	a sama ya
nin ine	160 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (Hyes give war or dates of service) 254 18 1021 17 INFORMANT ADDRESS Wary B Fowler W Hyattsville,	Md.
nould be executed with word "pending" in pen the Chief Medical Examinal-transit permit File promote any event within 72 h	18 CAUSE OF DEATH (Enter on y one couse per line for (a), (b) and (c))	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
be executed "pending" in nef Medical E ansit permit E event within	PART I. DEATH WAS CAUSED BY Massive right subdural	
e execut pending of Medici	DUE TO, OR AS A CONSEQUENCE OF	
hied ans	(onditions, if ony, which gove) use to immediate couse (o) (b) hemorrhage and hematoma	
shauld be en word "pel to the Chief burial-transit	storing the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
<u> </u>	lost. (c)	
This certificate shauld icate, writing the word be farwarded to the Ct do be used as a burial-tre or remaval, and in any	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
certil writ arwar used mava	196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 216 EXTERNAL CAUSE WAS 216. TIME OF INJURY Month, Day Year 21c. HOW INJURY OCCURRED (Enter poture of injury in Port 1 or Port 2, Item 1)	2D AUTOPSY?
This ifficate, d be fa	HAS TERTORINED!	YES NO 🗆
토육 골이	210 EXTERNAL CAUSE WAS PRIMARY IX OR CONTRIBUTING 21b. TIME OF INJURY Month, Doy Year HOUR AM 2/25 1968 at home. 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2 Item 1) Deceased fell down basement st at home.	a) tairs
3 3 4 4 6 5		ounty Stote
XAM the the ge 4 yaur sage crem	WHILE AT WORK AT WORK AT WORK TO	G. Md.
Pacety Pa	22a. I certify that I took charge of the remains described above, held an Autopsy. Inspection Inquiry	and in my apiniar
se executor. Portor. P	death resulted from: Natural causes Accident X, Suicide , Hamicide , Undetermined manner	
please e I director refa ned L DIRECTOR	CHIEF MEDICAL EXAMINER	
y, ple rrai dr se refr se refr prigr	SIGNATURE COLOR OF ASSISTANT MEDICAL EXAMINER 22b. DATE SIGN	ED .
TO DEPUTY DICAL Reserved the funeral director. Possible funeral director. Possible funeral bitectors. To FUNERAL DIRECTOR: Health priar ta burial	EXAMINER'S BOLDEN REPUBLIE EXAMINER ADDRESS STEEL TO LEGE ADDRESS	6,1968
5 ± 2 0 H	230 BURIA, CREMATION 230 DATE 230 NAME OF CEMETERY OR CHEMOTORY 23d LOCAT ON (City or Town) (Cou	
	Burial Dec 30, 1968 George Washington Hyattsville Pro Ge	
VR A15ME (5)	24 FUNERAL DIRECTOR F. Gasch's Sons Hyattsville, Md. 250 REC D BY REGISTRAR 250 REG STRAR S SIGNA ADDRESS 250 REC D BY REGISTRAR 250 REG STRAR S SIGNA ADDRESS 250 REC D BY REGISTRAR 250 REG STRAR S SIGNA ADDRESS 250 REC D BY REGISTRAR 250 REG STRAR S SIGNA ADDRESS 250 REC D BY REGISTRAR 250 REG STRAR S SIGNA ADDRESS 250 REC D BY REGISTRAR 250 REG STRAR S SIGNA ADDRESS 250 REC D BY REGISTRAR 250 REG STRAR S SIGNA ADDRESS 250 REC D BY REGISTRAR 250 REC D BY REG STRAR 250 REC D BY REC D BY REGISTRAR 250 REC D BY REC D	
AK WIGHE [3]	F. Gasch's Sons Hyattsville, Md. DATE DEC 3 1 1968 Actions	to year greet

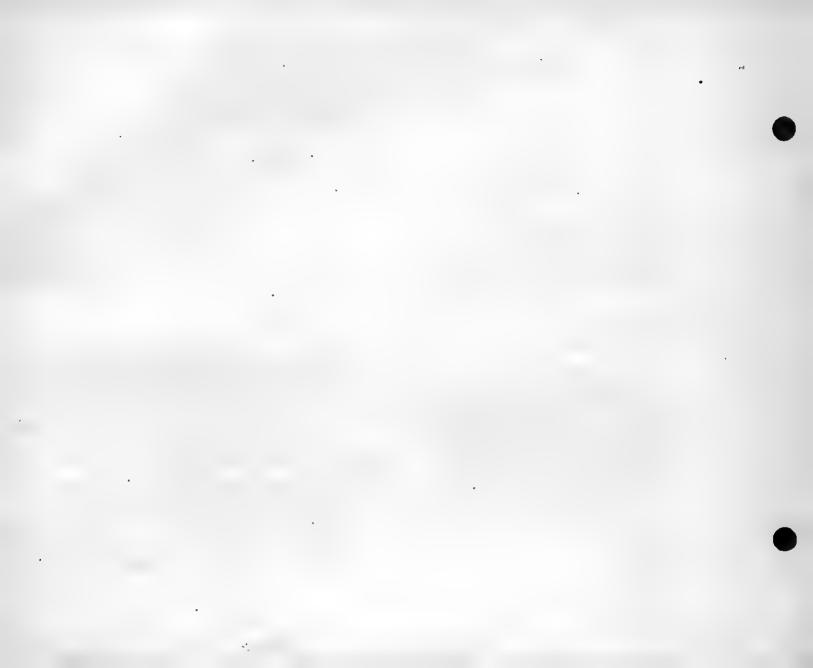


	CEASED NAME	First		Middle		OF DEAT		TE OF DEATH			2b HOUR _
	ype or print)	NELLI	E	LOUISE	F	RAZIER	DEC	CEMBER Month	Doy	2 Year 68	T .
3. SE	X		4 RACE		S D	ATE OF BIRTH		6 AGE (In ye			JNOER 24 HRS.
<u></u>	FEMALE			ASIAN	M	ARCH 31,	1934	lost birthdon	YRS. MO	INTHS DAYS F	OURS MIN
7 ₀	IRTHPLACE (State or try)	foreign 7	b. Citizen of wh	IAT COUNTRY?	B MARRIED 🔊 N	EVER MARRIED 🔃	9. COUNT	Y OF DEATH			
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	ITY OR TOWN OF DEA	1	give s		VAL HOSP	I CAL dum	Höttse'	ATON (Kind of work kind to even if re WITE	tired)	126. KIND OF BU INDUSTRY	
odm	ssion) STATE VIE	there deceased	13b. COUNTY	on Residence before	QUANTIC		NO [e. STREET AND NUM 3502-B, I			
14 F		First	M ddle	Lost		HER'S MAIDEN NAM			dd+e		Lost
140	IIC WAS DECEASED EVER		THOMAS	VOUGEL		0.0617	BIRTI		MIKIO.	WII)	
Y	es, no or unknown)	(If yes give wor	or dates of service)	463-48-90			ZTAR	3502-B, I	dress	OTTA HITTIE	O WA
CERTIFICATION	PART 2 OTHER SIGN 190. DATE OF OPERATI	ring couse	(c)	S A CONSEQUENCE OF THE		De AUTOPSY?	20	GIVEN IN PART 1(0) 16 IF YES, WERE FINITUSES OF DEATH?	DINGS CONS	SIDERED IN CERT	RYING .
MEDICAL CER	210 ACCIDENT WAS OR CONTRIBUTING [[If either, notify me	CAUSE OF DEATH	216 TIME OF HOUR A.M. P.M.	INJURY Month Doy Yeor	21c HOW IN	JURY OCCURRED (inter nature of	injury in Port 1 or		n 18.)	
П	21d INJURY OCCURE While Not while of work	RED 21e. Pl	ACE OF INJURY (AT HOME, FARM, STREET, FACTO OFFICE BUILDING, ETC				City or Town		County	State
	22a. I certify the saw the decauses state 22b SIGNATURE	nat (3) (this eceased aliv ted above,	haspital) atte re an DEC (1) (we) (did) (nded the deceased 19 AMXXIXview the b	ady atter death	23 , 1 t in (22c DAT	E STGNED	
	<u> </u>	Mu A	· Mari	tenberg	DEGREE	PHYS. L. 22e ADDRESS	MED DIRECTOR	STAFF PHYS		ecember	1968
	22d. PHYSICIAN'S NAME (Typ)	John	A. Route	enberg, M.	υ.	Naval H	ospita	1, Bethes	da, M	ld.	
230		23b DA		23c NAME OF C	METERY OR CREM		23d LO	CATION (City or Town			(Stote)



Sef-	1	The state of the s	
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	5
SHEALTH DEPT.		DECEASED NAME First Middle Last 2a DATE KNOWN Month D	Day Year 2b HOJR
		Andrew Vansiee - Pienen. Death Maied 1ec	3 188 90 M
	3. 5	The state of the s	2d HOUR
ny de	L	N. W. APTITIQUE 5/ YRS	Year 1968 95 M
- E 18		BIRTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
2 2 2 3		MEM PET SY U.S.A. MIDDINED MIDINED MIDDINED MIDINED MIDDINED MIDINED MIDINED MIDDINED MIDINED MIDINED MIDINED MIDINED M	Md
ve Page with g with the Sh		Rockville give story poddiess Grunther Ave during most of working life even if retred.	26 KIND OF BUSINESS OR IDUSTRY
Sive ng ng h		USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c. CITY OR TOWN 13d. MISIOE CITY LIMITS? 13e. STREET AND NUMBER	-43, PU.
INER: This certificate should be executed within 24 hours after death e certificate, writing the ward "pending" in penci: in Item 18. Give Pages should be farwarded to the Chief Medical Examiner's Office along with tallies. 3 should be used as a burial-transit permit. File pages land 2 with the State death.		odmission) STATE M. d. 13b COUNTY Montgonzett Rickyille YES & NO 1617 Gruntt	ner AVR
haurs Item Office I and 2	14.	FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle	lest
of s of		Andrew VanSice French Mella Holland	
thin 24 nor in niner's pages haurs		WAS DECEASED EVER IN L.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS	
Examination of the policy of t	- 2	(es, no, or unknown) 1 (4) yet give wor or dotes of service) 079-07-0273 Wife. morgani-Franch - Lur	ne it m 13
ed		B CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c))	APPROX MATE INTERVAL BETWEEN ONSET AND DEATH
xecuted ading" ii Medical permit.		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Maceration of Brain	Suddan.
exe end f Me it p		DUE TO, OR AS A CONSEQUENCE OF	
the rans		(anditions, if any, which gave rise to immediate cause (a). (b) G-UN Shot Wound. & Heach	
shauld be e ne ward "per o the Chief I buriat-transit		storing the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
sh he t to t bur d in		()	
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MINER: This the certificate, 4 should be fa in files e 3 should be t		21a EXTERNAL CAUSE WAS 21b TIME OF NIURY Manth, Day, Year 21c HOW INJURY OCCURRED (Enter nature of Injury in Part 1 or Part 2, Item	
KAMINER: 1 te the certific je 4 shauld b faur files age 3 shauld crematian, a	MEDICAL	PRIMARY NOR CONTRIBUTING PHOURANT 12-3 1968. Shot Solf-in head 45 col. Pa	sto/~
AIN he of the the of the of th	ME	21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, where and white place of factory, affice building, etc.) 21f LOCATION Street at R.F.D. Na (ity or Town)	County State
Se		WHITE AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK HODS - 1617 Grunther Als - Rockville 1	Montyomery
TY BICAL E 7, please executed director Pare extended for E (AL DIRECTOR: F prior to buriol,		22a certify that taak charge of the remains described above, held an Autopsy Inspection Inquiry	and in my apinian
blase exect director Po stained for DIRECTOR: (r		death resulted fram. Natural causes 🔲, Accident 🔲, Suicide 💢, Homicide 🔲, Undetermined manner 🕻	
please e director retained DIRECT		ACTUAL O. & B. P. CO CHIEF MEDICAL EXAMINER (
Iry, peral be re		SIGNATURE ASS STANT MED CA. EXAMINER 220. DATE ST	GNED GRAD
DEPUTY ecessary, p er funeral may be n FUNERAL		EXAMINER'S NAME (Type) John G. Ball Bether, har adords (Street, city, town, or county)	5, 1 16 8
necessary, please er the funeral director 5 may be retained to FUNERAL DIRECTOR Health prior to but	73.0		County) (State)
22	Bu		(Gunty) (State) nginia
	24_	FUNERAL DIRECTOR 7 - On heeler 1371 Rockville ADDRESS 7 - On heeler 1371 Rockville ADDRESS 1250 RECTO BY REGISTRAR 25b REGISTRAR 5 SIG	GNATURE
VR A15ME (5) 10M REV, 1768		DATE OF THE PROPERTY OF THE PR	
		- SCRVIII e. Rati Titila	T HELDER

MAKTLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH OECEASEO-NAME Middle 2a. OATE OF OEATH The law requires that the death certificate be executed within 24 haurs after death hours after death. NOW campletely filled in by the funeral love carbon papers Pages I and (Type or print) 4. RACE 3. SEX S. OATE OF BIRTH 6. AGE (In years IF LINDER 1 YEAR White last burthday) DAYS temale June6, 1923 YRS 7b. CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (Stote or foreign 9 COUNTY OF DEATH 8. MARRIEO NEVER MARRIEO remove carbon papers U.S.A. New Jerseu WIOOWEO [OIVORCEO [Montaomeru 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done ar remayal, and in any event, within 12b. KING OF BUSINESS OR 12.00 (1) during most al warking life, even if retired) INOUSTRY Silver Spring own home 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13d INSIDE CITY JUNETS? 13e. STREET AND NUMBER admission) STATE 13b. COUNTY YES 📝 NO Montgomery 001 and 14. FATHER S NAME Middle Lost 15. MOTHER'S MAIDEN NAME First Maurice Kramer Mamia unknown 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT Address Ayps no, or unknown) 158-20-9139 Mr. Edward Frisch 12.001 Viers Mill Rd. S.S. 18. CAUSE OF DEATH (Enter only one cause per line for (a) (b) and (c).)
PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) OUE TO, OR AS A CONSEQUENCE OF WERKLIZE IS burial, crematian Conditions, if only, which gave) burial-transit rise to immediate couse (o). signed by OUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital ar attending physician. stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the priar to l has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a OATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? NO X YES [director, page 3 shauld be detoched far use should be filed with the State Dept. af Health O FUNERAL DIRECTOR: After this certificate 27g ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) OR CONTR BUTING CAUSE OF DEATH HOUR A.M. Month Cov Year (If either, notify medical exominer) P.M. 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Not while at work 22a. I certify that (I) (this-hospital), attended the deceased from 1960, and that in (my) (ass) apinion death accurred on the date and hour and from the causes stated abave, (1) (we) (aid) (aid not) view the body after death-22b SIGNATURÉ 22c DATE SIGNED ATTENOING OEGREE PHYS O'RECTOR. PHYSICIAN S 22e AODRESS NAME (Type) 23a BURIAL, CREMATION, 23b. OATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) REMOYAL (Doecity) 12-16-68 King Soloman Cemetery Clifton 2Sa. REC O BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE Andrew Duvall VR A15 (4) DEC. 19 Ochanle Pumphrey Inc. 8434 Ga. Avenue 5.5 196B 30M REV 1/68



*DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17778 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH XXX Middle MINIKE Jank HEALTH DEPT. 1 DECEASED NAME First 2a DATE KNOWN Month Oov Year (Type or Print) Francis ESTI-Page 40 DEATH MATEO I iny delay 2, and 3 t 4 RACE IF LINDER 1 YEAR IF JNDER 24 HRS 2c DATE PRONOUNCED DEAD 3 SEX 5. DATE OF BIRTH AGE (In years 2, av. HOURS Month 10 O Day 3_13_00 Year 73h4+n 70 BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? MARRIED DINEVER MARRIEO 9. COUNTY OF DEATH nn+ mamanir Pages WIDOWED OIVORCED F With 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a, USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR orve street laddress? and during most of working life, even if retired.) Navy Dept. 13e. STREET AND NUMBER 3d INSIDE CITY , MITS? 130 USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c CITY OR TOWN admission) STATE 7-13b COUNTY ont townser <u>∞</u> YES PY NO F after gud 14. FATHER'S NAME Middle 15. MOTHER S MAIDEN NAME Last First Midd e Gahen Johnson This certificate shauld be executed within 24 pages haurs the Chief Medical Examiner's in pencil 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT **ADDRESS** (Yes no or unknown) Contrado 77-60-3808 File within 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and fc).) permit. "pending" PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF burial-transit Canditions, if any, which gove nse ta immediate cause (a). the certificate, writing the ward DUE TO, OR AS A CONSEQUENCE OF stoling the underlying couse guq PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM, NAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 forwarded OS removal used 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES [should be 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 3 shauld PRIMARY OR CONTRIBUTING HOUR A.M. cremation, CAUSE OF DEATH 71d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R.F.D. Na City or Town County State factory, office building, etc.) AT WORK ... AT WORK L 220. I certify that Ltook charge of the remains described above, held an Autopsy ... Inspection inquiry ond in my opin.on Acresent death resulted from: Natural causes X Suicide Homicide Undetermined monner CHIEF MEDICAL EXAMINER 226. DATE SIGNED ASSISTANT MED CAL EXAMINER DEPUTY MEDICAL EXAMINER EXAMINER'S < 5 may 70 FUNE Health ADDRESSIBILE EN COM NAME (Type) p, or county) 23a BUR AL CREMATION 23b DATE 23c. NAME OF SEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) REMOVAL (Specify) 12-30-1968 Raltimore National (PM. T.W. Leen 1 24. FUNERAL DIRECTOR 2So REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE VR A15ME (5) Inc. 8434 Georgia Avenue Pumphrey.

MARYLAND STATE DEPARTMENT OF HEALTH



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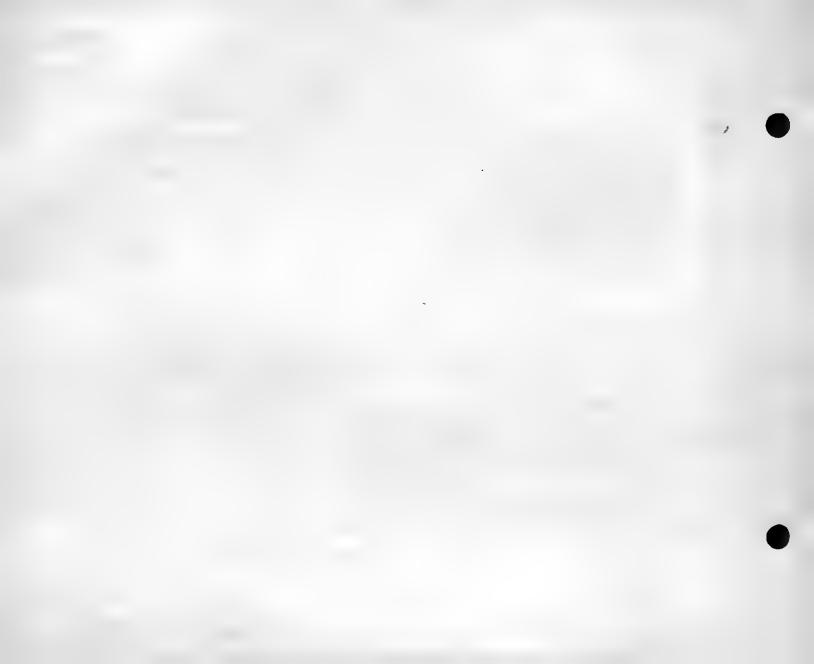


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requires that the death certificate be executed within 24 haurs after g physician. In signed by the afferding physician and campletely filled in 30, the fue burial-transit permit. Then please remove carbon pages a burial, cremation, or emayed, and in any event, within 72 hacks offer		No WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (It yes give wor or deles of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT With 75 W Public Eve 4	K. P.K. Ref.
he death certifi afferding phy: prmit. Then p		18 CAUSE OF DEATH (Enter only one cause per line far (a) (b), and (c))	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
to de test		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ACOTE BROUCHO TWEOHOWIA	0×45
a garage		DUE TO, OR AS A CONSEQUENCE OF	1111 =
at the nsit		Conditions, if only, which gave rise to immediate cause (a). (b) CONGESTIVE HEART FAILURE	WKS
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luire hysi igne urial urial		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	<u>e-7, , , , , , , , , , , , , , , , , , , </u>
req ng p an si ne b tab			
Te taw ratending has been se as the h priar ta	CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSID	ERED IN CERTIFYING
THe aff	RTE	YES NO CAUSES OF DEATH?	
YSICIAN: aspital or certificate thed for u			18.)
SICI Spiral spir	MEDICAL	It either, notify medical examiner) P.M. 19 21d INLURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY) 21f, LOCATION Street or R.F.D. No City or Town Co.	unty State
OR ATTENDING PHYSICIAN: be retained by the haspital or DIRECTOR: After this certificate is 3 shauld be detached far ued with the State Dept. af Heal		21d INJURY OCCURRED White Nat while at work at work at work	unty State
ING by t ffer ffer be c State		22a. I certify that (I) (this haspital) attended the deceased from 12/22, 1968, to 12/3/, 1968	_, that (I) (we) last
ENG Pred Uld the		saw the deceased alive an 12 2 19 9, and that in (my) (aur) apinion death accorred an the date at causes stated above, (1) (we) (did) (did not) view the bady after death.	nd havr and fram the
Sha		22b SIGNATURE 22c. DATE	SIGNED /
DIRE ber 3 3e 3		CLUSTON TO THE PHYS DIRECTOR P	2/31/68
TO HOSPITAL OR ATTENDING PHYSICIAN: THe law re Page 4 may be retained by the haspital or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached for use as the shauld be filed with the State Dept. af Health priar to		22d. PHYSICIANS NAME (TYPE) OF C BERT H- G-ROLL MAN 22e. ADDRESS 6 SIKING ST-	SIRINGA
HOS ge 4 FUNI recto	230		ounty) (Stote)
2 2 E	L	REMOVAL (Specify) 1-2-69 OHEVSHOLOW THRUD TURALL WASHINGTON, D.	۷.
VR A15 (4) 30M REV, 1/68	24	Bornard Dans easlest Jones 3501-1412 St. A. Wach. 250. REC'D BY REGISTRAR 250. REGISTRAR'S SIGN.	



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17784 CERTIFICATE OF DEATH 1. DECEASED NAME First Last 2g. DATE OF DEATH 2b. HOUR and 2 death. executed within 24 haurs after death. funeral (Type or print) BM. signed by the attending physician and completely filled to by the fun burial-transit permit. Then please temave carban papers. Sages I burial, crematian, or removal, and in any event, within 72 haurs after or 3. SEX 4. RACE S. DATE OF RIRTH 6. AGE (In years IF UNDER 24 HRS. IF UNDER 1 YEAR last birthday) MONTHS I DAYS HOURS C YRS. 7b CITIZEN OF WHAT COUNTRY? 7a. BIRTHPLACE (State or foreign B. MARRIED [7] NEVER MARRIED 9 COUNTY OF DEATH zountry) U. S. A. WIDOWED [7] DIVORCED [10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) during most of working life, even if retired.) INDUSTRY NURSING 13a USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 3d INSIDE CITY LANTS? 13e. STREET AND NUMBER 136 COUNTY Phila. admission) STATE Pa. Phila. 522 Brown Street 14 FATHER'S NAME Middle Last IS MOTHER'S MAIDEN NAME First Middle Amos Burkey Unknown 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Nes, na, ar unknown) 199-01-1865B Gregory Gonder, 1522 Brown St., Phil 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSEL AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) 28 day Canditions, if any, which gave) rise to immed ate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 160) prior ta コピメメ 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING use as CAUSES OF DEATH? YES 🔲 NO [TO FUNERAL DIRECTOR: After this certificate hadirector, page 3 shauld be detached far use shauld be filed with the State Dept of Health 1 be retained by the haspital ar 21g ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year f either, natify medical examiner) P.M. 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Nat while at work TENDING 22a. I certify that (I) (this hospital) attended the deceased from 1/2, 1968, to 2007, 1968, to 2007, 1968, that (I) (we) last saw the deceased alive an accordance of the date and hour and from the causes stated above. (1) (wel-(did) (did not) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING PHYS. DIRECTOR PHYS. 22d. PHYSICIANS 22e ADDRESS NAME (Type) 9210 Colesville Rd., S. S. Rd. Sydney Leventhal 235 DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23g. BUR AL, CREMATION, (County) (State) Burial (Specify) Wooster, Ohio 12/16/68 Wooster Cemetery 24 FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 5130 Wis. Ave. N.W. Washington D. C. 20016 VR A15 (4) 30M REV 1/68 Joseph Gawler's Sons, DATE DEC 19

MAKILAND STATE DEPARTMENT OF BEALIN



		MARYLAND STATE DEPARTMENT	
		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, CERTIFICATE OF DE	a salant or you
er death		DECEASED-NAME First Middle Last (Type or print) Peter Gounaris SEX 4. RACE S. DATE OF BIRTH	20. DATE OF DEATH Manth Day Year 2b. HOUR A M 6. AGE (In years IF UNDER 14 HRS.
nours after death		BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED XNEVER MARRIED	9. COUNTY OF DEATH YRS. MONTHS DAYS HOURS MIN
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on campletely remove carbonin any event, with	odm	OUSUAL RES DENCE (Where deceased lived, if institution Residence before 130 CITY OR TOWN 134 IN PUNTY TEAMERY KOCKY: LL E. YES) FATHER'S NAME First Middle Last IS MOTHER & MAJDEN	- 17270 PERIFERMODDIELKY
ate be ex cian and ease ren and in ar	16a	a. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT	there - UNK
ath certificate be nding physician c it. Then please ir remaval, and in		Yes, no, collaknown) (If yes give war or dorles of service) D9201-9640 HE 18. CAUSE OF DEATH (Enter on y one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Respiratory Arrest	APPROX MATE INTEVAL BETWEEN ONSET AND DEATH One Howr
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within be retained by the haspital ar attending physician. JIRECTOR: After this certificate has been signed by the attending physician and campletel full e. 3 shauld be detached for use as the burial-transit permit. Then please remove carban ped with the State Dept of Health priar to burial, cremation, ar remayal, and in any event, which		Conditions, if ony, which gove isset to immediate cause (a), stating the underlying couse bust. DUE TO, OR ASA CONSEQUENCE OF Artery Disease (b) Drankinson's Disease	e sease, (hrontc
he law requi attending phy nas been sign e as the buri n priar ta buri	CERTIFICATION	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISE 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? YES 7	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING NO CAUSES OF DEATH?
PHYSICIAN: The law re he haspital ar attending this certificate has been estacked for use as the s Dept of Health priar to	MEDICAL CERT	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year Section 19 19 19 19 19 19 19 1	D (Enter nature of injury in Part 1 or Part 2, Item 18)
Page 4 may be retained by the haspital ar attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached far use as the burial-transhauld be filed with the State Dept of Health priar to burial, crease.		While at work at work at work 10 10 10 10 10 10 10 1	, 1968 , ta 12-24 , 1968 , that (1) (we) last our) apinian death accurred on the date and haur and fram the
TO HOSPITAL OR ATTENDING Page 4 may be retained by t TO FUNERAL DIRECTOR: After director, page 3 shauld be of shauld be filed with the State		22b. SANATURE DEGREE ATTENDING PHYS 22d. PHYS CIAN'S NAME (Type) George 7 Economos 214	MED. STAFF DIRECTOR DIRECTOR DIRECTOR DIVIDING 12-24-68
TO HOS Page 4 TO FUNI directo shaulc		a BUPPAL CREMATION, 23D DATE 23C JAME OF CEMETERY OR CREMOTORY 26 DEC 1968 PARKLAWN EMETER	
VR A15 418	24 /	FUNERAL DIRECTOR ADDRESS 1V+SH LC 20012 250.	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND, 21203 CERTIFICATE OF DEATH DECEASED-NAME First Middle 2a. DATE OF DEATH 2b. HOUR (Type or print) JOSEP within 72 hours after 3 SEX 4 RACE 6 AGE (In years HE JINGER I YEAR last bighday) MONTHS DAYS HOURS. 7a. BIRTHPLACE 9 COUNTY OF DEATH 7b CITIZEN OF MARRIED NEVER MARRIED WIDOWED [DIVORCED TO, CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work alone during most of working life, even if refired) remove corbon and in any event, 13e STREET AND NUMBER 310 13a USUAL RES DENCE (Where deceased lead, if institution Residence before 13d INSIDE CITY LIM TS7 135 COUNTY 14 FATHER'S NAME Middle S MOTHER SMAIDEN NAME FOR requires that the death certificate be edse 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIA, SECURITY NO Grand Yes, no en nknawn) be detached for use as the bural-tronsit permit. Then pl State Dept. of Heolth prior to burial, cremation, or removal, 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-tronsit p Canditians, if any, which gave) rise ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) **DIRECTOR:** After this certificate hos been 19a DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES P NO 🗔 21a ACC DENT WAS UNDERLYING 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 216 TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY,) 21f. LOCATION Street or R.F.D. No. City or Town County State While Nat while at wark 22a. I certify that (I) (this haspital) attended the deceased from Sept., 1948, to Dec. 7, 1948, that (I) (we) last sow the deceased alive on 1965, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did nat) view the bady after death. 22c. DATE SIGNED DIRECTOR TO HOSPITAL (Page 4 may b PHYSICIAN S 22e ADDRESS TO FUNERAL 23b DATE 23d .O(ATION (City or Town) 23g BURIAL CREMATION, (State) MEMOVAL Sec fy) Washington, 12-10-1968 Olivet Cemetery 25a. REC D BY REGISTRAR 25b REGISTRAR'S SIGNATURE VR A15 (4) . Pumphrey, Inc. 8434 Georgia Avenue



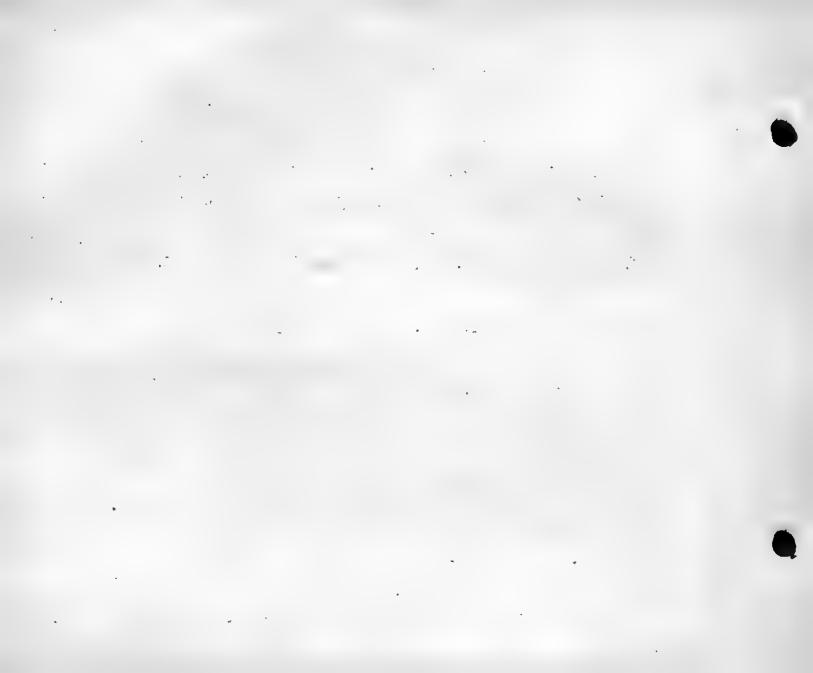
1 1	Ite	n5 Film Cho Tyrsion	MARYLAND STAT	E DEPARTMENT OF HEALTH PRESTON STREET, BALTIMORE, I	MARYLAND 21201	
FOR STATE	12	/19/68 kk 10em	MEDICAL EXAMINE	R'S CERTIFICATE OF DE	ATH	17787
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E WILLIAM			76 CITIZEN OF WHAT COUNTRY?	8. MARRIED Y NEVER MARRIED	9. COUNTY OF DEATH	
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		, na, ar unknown) (if yes give	way or glores of service) 225 /2 50			ME)
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be executed "pending" in nief Medical E. ansit permit. F event within		PART I DEATH WAS CAUSED	BY Acute C	ardiorespiratory	failure,	BETWEEN ONSET AND DEATH
exe andii Mei t pe		1 0/4	DUE TO, OR AS A CONSEQUENCE O	F		
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를 들 을 등	1 1	stating the underlying couse last.	DUE TO, OR AS A CONSEQUENCE O	F		
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his cante, ve farre	CERTIFICATION		WAS PERFORMED	?		YES NO 🗆
# 4 P		TO EXTERNAL CAUSE WAS PRIMARY TO OR CONTRIBUTING T	216. TIME OF INJURY Manth, Day, Yes	21c HOW INJURY OCCURRED (En	ter nature of injury in Part 1 or Part 2,	Item 18)
INER: 1 e certific should b files. 3 should atian, an	1 Z L	CAUSE OF DEATH	P.M. 19			
	₩ 2		PLACE OF MJURY (At hame, farm, street, tary, office building, etc.)	23f. LOCATION Street at R F D. No.	City or Town	County State
ICAL EXA e execute far. Page ed far yal CTOR: Page burial, cre	Ιſ	22a. I certify that I to	ook charge of the remains describ	ed above, hold an Autopsy 📈,	Inspection Inquiry	and in my opinion
blease ey director. etained DIRECTO		death resulted from.	Natural causes 🔲 , Accider	n ☐, Suicide ☐, Homicid	e 🔲, Undetermined manner	
please e il directar retained L DIRECT iar ta bu		ACTUAL / C	Va. 1.11	CHIEF MEDICAL		
EPUTY ssary, ple funeral di ay be reft iNERAL DI		SIGNATURE	car cy &	M.D ASSISTANT MEDI	CAL EXAMINED	E SIGNED
to DEPUTY DICAL EXAM necessary, please execute the funeral director. Page 4 5 may be retained far your TO FUNERAL DIRECTOR: Page Health priar to burial, crem		EXAMINER'S NAME (Type)	CN/K/X		Lety some or County)	C,6,1164
01 10 10 10 10 10 10 10 10 10 10 10 10 1	23a		DATE 236 NAME OF DATE C	CEMETERY OR CREMATORY RY HEAVEN CEMETRY		(County) (State)
	24 F	UNERAL DIRECTOR	O A + Wall - ADDR	17	BY REGISTRAR 256 SEGISTRAR	STENATURE
VR A15ME (5) 10M REV 1/68	Joi	kmy dunied Anni.	J. Guter Woller 1, 25	4 Corrall St NW DATE DE	C9 1968 PCLO	was Judge



5 1		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201		
1	I.	Item13 FilmGh08 1/17/69 kk CERTIFICATE OF DEATH 17788		
£ 7324		ECEASED-NAME First Middle	Last 2a. DATE OF DE	
9 58	L	CLAIRE /	GRAY DECE	
the formation of a state of the formation of the state of	3. SI	Formule Colute	S. DATE OF BIRTH Capril 20, 1896	AGE (In years IF UNDER 14 HER IF UNDER 24 HRS I BOUNDER 24 HRS MONTHS DAYS HOURS MIN
haurs In by t rs. Pa	7a :	BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED 9 COUNTY OF DE	ATH
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	10 0	CITY OR TOWN OF DEATH CUSCING COTO CLASSICAL GRAPH GIVE STREET address)	NSTITUTION (If not in hospital Place of working life Place of work	
PHYSICIAN: The law requires that the death certificate be executed within e haspital ar attending physician. It is certificate has been signed by the attending physician and completed that the use as the burial-transit permit. Then please remave carbot properties of Health priar to burial, cremation, ar remaval, and in any event, within	13a adm	USUAL RESIDENCE (Where deceased lived, if institution, Residence before issian) STATE 13b COUNTY	SILOSIA, VECT NOT	TAND NUMBER
and c remo	14.	FATHER'S NAME First Middle Last	15. MOTHER'S MAIDEN NAME First	Middle Last
b pe nu d nu d in		Emile Dullmin.	u Celline fa	1.000
e death certificate b attending physicion permit. Then please an, ar remaval, and ı	160	WAS DECEASED EVER IN U.S. ARMED FORCES? (es, na, or unknown) (it yes give your or dates of service)	NO. 17 INFORMANT Deix Polis	13 00 st rengelon Ret
n cer		1B. CAUSE OF DEATH (Enter any one cause per line for (a), (b), and (c PART I. DEATH WAS CAUSED BY:	1)	APPROXIMATE INTERVA. BETWEEN ONSET AND DEATH
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equires tha physician. signed by burial-fran		siding the bilderiving cooses	2 / /2	LE-ROSIS -
quiri phys signe surio surio	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)			
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G PHYSICIAN: The law requires the the haspital or attending physician. this certificate has been signed by detached far use as the burial-transe Dept. af Health priar ta burial, create Dept. af Health priar ta burial, create	Tes, no. g. at junctions of the state of the			
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SICK Spito Partificial Partificial	MEDICAL	(If either, natify medical examiner) P.M.	19	
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ATENDING etained by the CTOR: After should be ditth the State	22a. I certify that (I) (this hospital) attended the deceased fram SENT - 30 , 1968, to DEC 15, 1968, that (saw the deceased alive an DEC 15 1968, and that in (my) (our) apinian death occurred an the date and have an			15, 1966, that (I) (we) last
REN REST A		causes stated abave, (I) (we) (did) (did not) view the	bady after death.	offed an the date and habi and fram me
OR ATTENDIN be retained by JIRECTOR: Affeet is 3 should be	П	22b. SIGNATURE	ATTENDING MED.	STAFF 22c DATE SIGNED
DIRI	L	Menony 4 Herrice	DEGREE PHYS DIRECTOR I	SHYS. KI - 12/67
O HOSPITAL Page 4 may O FUNERAL I director, page		22d. PRÝSICIAÑ'S NAME (Type)	22e ADDRESS 5 20 6 No	we mi
TO HOSPITAL OR ATTEN Page 4 may be retained TO FUNERAL DIRECTOR: director, page 3 should should be filed with the	230	TEACHTON TO THE TOTAL CONTRACT OF THE CONTRACT	range Clausel Com 123d egeation	(City or Town) (County) (State)
VR A1574	_	FUNERAL DIRECTOR 43 SADDRES	5 - E 2SO REC D BY REGISTRAR	25b. REGISTRAR S SIGNATURE
30M REV 1/88		Robert EWilliam Jenita	DADEC 2 4 1968	ycharles Judge



	MARTIAND STATE DEPARTMENT OF HEALTH			
3	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201			
0	CERTIFICATE OF DEATH 17789			
£ _25		DATE OF DEATH 2b. HOUR.		
dea	ype or print) EDITH M GRAY	DECCUBER 24 1968 5 75 M		
a \$472	X 4 RACE , S. DATE OF BIRTH	6 AGE (In years FUNDER 1 YEAR IF UNDER 24 HRS.		
A A S S S S S S S S S S S S S S S S S S	7 N Oct. 2 - 18:	95 lost birthdoy) YRS. MONTHS DAYS HOURS MIN		
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d h h	MICL USA WIDOWED DO DIVORCED	Mont COMERY Md		
sly med Son paper within 72	ITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street oddress) 120 USUAL OCCU	JPAT.ON (Kind of work done 126, KIND OF BUSINESS OR		
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and rem	ATHERS NAME First Middle Lost ISOMOTHER'S MAIDEN NAME First	Mrddle Lost		
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e death certificate b attending physician permit. Then please an, ar remaval, and i	es, no et priknown) (If yes give wor or dotes of service) 579-28-2246 A 1	L formy Sine as		
erti ph hen navo		APPROXIMATE INTERVAL		
ding ding ren	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) CEREBRAL THROU DOSA	BETWEEN ONSET AND DEATH		
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ician ician id b Il-tro I, cr	Storing the orderithing course.	clerasis -		
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30M REV, 1/68	Warner & Pumphrey, Inc. 8434 Georgia Avenue DEC 26 1968 Charles Judge



				MARILAND STATE DEFARITMENT OF HEALTH	
	/ L			DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	95
				CERTIFICATE OF DEATH	
	를 무를 를 -			DECEASED-NAME First Middle Lost 20. DATE OF DEATH (Type or print) FDLIARD MARKS HAAS 12 Month 16 Doy 68 Year	2h. HOUR
	r death. uneral 1 and 2		,	(Type ar print) EDWARD MORRIS HAAS 12 Month 16 Day 68 Year	5 p M
	offer offer offer	46 1	3. SE		AR IF UNDER 21 HRS. AYS HOURS MIN
	hours of the hours of haurs	1]	70 8	BIRTHPLACE (Stote or Foreign 7b. CIT ZEN OF WHAT COUNTRY? 8. MARPIEO NEVER MARPIEO 9. COUNTY OF DEATH	
•	in 24 ho filled in papers hin 72 ho		COU	Pennsylvania USA WIDOWED DIVORCED MONTGOMERY	Md
	filled filled thin 72		10. (CITY OR TOWN OF DEATH II NAME OF HOSPITAL OR INSTITUTION (If not in haspital 120 USJAL OCCUPATION (Kind of work gone 12h Kind	OF BUSINESS OR
	within 24 sly filled i ban paper within 72	11	1	TAKOMA PARK Questreel address) NASH (NGTON SAN., 4 HOSP., during most of working his even if retired) Print	tina.
	d v dete corb			USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c CITY OR TOWN 13d INSIDE CITY UMITS? 13e STREET AND NUMBER	
	executed withind campletely fremave carbanal	15	admi	missign HATE YLAND 136 MONT GOMERY SILVER SPINEYES X NO 1 8811 Codesville Ke	老 儿
	e exe and c remo	1	14 B	FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle	Lost
-	be r	,		? (Unknown)?	
1					Spr. Md. yhill Rd.
	The Population of the Populati		H	APPLICATION OF STATE	ROXIMATE NTERVAL
	the state of			PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Could demonstrate Course (b) STATE BETWEE BETWEE BETWEE	EN DINSFT AND DEATH
	he death attendig permit: ion, ar re			11210	rous-
	he at per trian			Canditions, if any, which gove DUE TO, OR COA CONSEQUENCE OF	Wa.
	at the rather half possit poss			rise ta immediate couse (a), (b)	por
	equires that the physician. signed by the burial transit burial, cremain			stoting the underlying cause DUE TO, OR AS A CONSEQUENCE OF	,
	ysie gne gridl			PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g)	
	regring phonograms of the properties of the prop			** ***	
	law ndir bee iar t		\$T10	19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED II	IN CERTIFYING
	PHYSICIAN: The law re he haspital ar attending this certificate has been letached far use as the s Dept. af Health priar to	2	CERTIFICATION	YES NO TES CAUSES OF DEATH?	
	N: 7				
	E E E E E		2	☐ DR CONTRIBUTING ☐ CAUSE OF DEATH [If either, notify medical exominer] P.M. 19	
	YSI asp cert cert thed		MED	21d NY, JRY OCCURRED 21e PLACE OF INITURY (AT HOME FARM, STREET FACTORY) 21f 10CATION Street or R.F.D. No. City or Town County	State
	PH he			ot work at work	
	IDING d by th After d be d			220. I sertify that (1) (this becaute)) oftended the deceased from North 1967, to 1967, to 1968, the	hat (I) (we)-last
	ND Bd L Id L Id L			saw the deceased alive on	ur and from the
4	in Son H			causes stated abave, (1) (wa) (dra) (dra) ot) view the body ofter death.	
•	OR ATTENDING PHYSICIAN: The law requires that the death resitive be retained by the haspital or attending physician. IRECTOR: After this certificate has been signed by the attending about a shauld be detached far use as the burial transit permit. Then ped with the State Dept. of Health prior to burial, cremation, ar removal.			22b. SIGNAPURE ATTENDING MED DIRECTOR STAFF 122c PATE SIGNED	1,1968
	TAL nay by AL D page	1		122d. PHYSICIANS HAPPILLI CAPITON 22e ADDRESS 1 Coffee UPL Rol Solve	a War
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached far use as the burial tras shauld be filed with the State Dept. af Health priar to burial, crea		230	a BURIAL, CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County)	(State)
	Pag Pag Sha		L	BRINDER Control 12-13-1968 & It. Lincoln Cemetery Prince Georges, Mary	
	VR A15	20		FUNERAL BIRECTUR arter Commandation and Spr. Md. 250 REC D BY REGISTRAR 256 REGISTRAR'S SIGNATURE	0
	30M REV	IN SETAL	uk	Gener E. Pumphrey, Inc. 8434 Georgia Hoenue DEC 16 1968 Icharles	Judge.



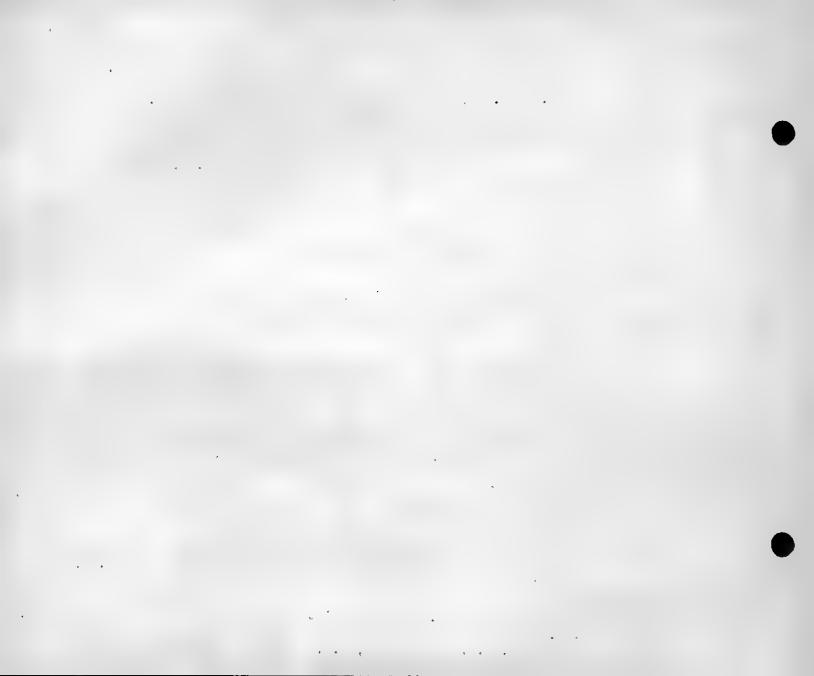
6 1.	Items 18820 Film 410 MARYLAND STATE DEPARTMENT OF HEALTH PHYSION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
*FOR_STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH 17	796
HEALTH DEPT.	1 DECEASED NAME First Modie Jost 20 DATE KNOWN Month Day	
S S & A P	William Frederick HAHN DEATH MATED Dec. 30	
delay and 3 M3. Per rtmen	3. SEX 4. RACE S DATE OF BIRTH 6 AGE (In years FUNDER 1 YEAR IF UNDER 24 HRS 2c, DATE PRONOUNCED DEAD Months Day Months Day	Year 2d HOURD
ny de 2, and PM3.		Year 19 684:05M
form form	70 BIRTHPLACE (State or foreign 75 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED N. 9. COUNTY OF DEATH COUNTRY) MISSOURI USA WIDOWED DIVORCED MONTGOMERY	MH
death ny deltare Pages 1, 2, and 3 with form PM3. If the State Department	, 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b	KIND OF BUSINESS OR
ofter death 8. Give Page olang with with the Sta	bethesda "Mayar nospitar Student"	LSTRY
hours ofter death Item 18. Give Pag Office olang with I ond 2 with the Sta after death	13a USUAL RESIDENCE (Where deceased lived, if institution Residence before odmission) STATE Maryland 17b COUNTY Pr. George College ParkyES No 7403 Hawkins Avenue of the college ParkyES No 7403 Hawkins Avenue Colle	e.
	14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Marian G. Kamme	lost
within 24 in pencil in Examiner's File pages in 72-hours	6a WAS DECEASED EVER IN C.S. ARMED FORCES? (Yes, no. prunknown) (If yes give war at dates of service) (If yes give war at dates of service) (If yes give war at dates of service) 265 90 3709 CDR William R. Hahn. USN. Ret. 21	
The Mark		12 Fosgate
uted in thin	IB. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) /PANAINAL Feriodic paralysis, sporadic	BETWEEN OWSET AND DEATH
mdin Med per	DUE TO, OR AS A CONSEQUENCE OF type, Clinical	
be ("pe "pe nief ansit	(anditions, if any/which gave) rise to immediate course (a), (b) Hypokalemia	4 hr.
verthrate shauld be executed writing the word "pending" in rworded to the Chief Medical Essed as a burial-transit permit Foovat, and in any event within	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
she when to the burn burn d in	(c)	
ng the	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(e)	
is certificate shauk fe, writing the wor forworded to the e used as o burlal-i removal, and in an	190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED? 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Irem 1	20 AUTOPSY?
his conte, e for be u	WAS PERFORMED?	YES NO
# _ P 0	21d EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING 1 HOUR A.M. 19 21d INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1 HOUR A.M. 19 21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street). 21f, LOCATION Street or R. F.D. No. City or Town Co.	·B)
DICAL EXAMINER: see execute the certi ector. Page 4 should ined for your files. RECTOR: Page 3 shoul o buriol, crematian,		ounty State
EXAM ute the sign of the sign	AT WORK AT WORK	
ICAL E EXECT for. Pa ed for CTOR: buriol,	22a certify that taak charge of the remains described above, held on Autopsy X, Inspection X, Inquiry X, death resulted fram. Natural causes X, Accident \(\bigcap_{\text{.}}\) Suicide \(\bigcap_{\text{.}}\) Hamicide \(\bigcap_{\text{.}}\) Undetermined manner \(\bigcap_{\text{.}}\)	ond in my opinion
please e director retoined or to bu	death resulted fram. Natural causes 🔀, Accident 🔝, Suicide 🔝, Hamicide 🔝, Undetermined manner 🗍	
	ACTUAL SIGNATURE 22b, DATE SIGN	
ecessory, pre funeral may be re FUNERAL ealth prior	21 Dead	ember 1968
O DEPUT) necessory, the funero 5 may be O FUNERA Health pi	NAME (Type) ADDRESS(Street, city, fawn, or county)	
TO DEPU necessor the fune 5 may k TO FUNE	the second of th	ounty FLORIDA
	24 FUNERAL DIRECTOR W. W. Chambers Co. ADDRESS 250 RECD BY REGISTRAR 256 REGISTRAR 256 RECD BY REC	ATURACON

5801 Cleveland Ave. Riverdale, Maryland

VR A15ME [5] 10M REV. 1/68



-42 "	MARYLAND STATE DEPARTMENT OF HEALTH	
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH 177	97
FOR STATE HEALTH DEPT.	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
	DECEASED-NAME First Middle Lost 2a DATE KNOWN Month Day OF ESTI- DEC. 1	Year 2b HOUR 1968340Am
P 23 4	3 SEX 4 RACE S. DATE OF BIRTH 6. AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS. 2c DATE PRONOLINGED DEAD	2d HOUR
and and was reference	3 SEX 4 RACE S. DATE OF BIRTH 6 AGE (in years if under 1 Year 1 if under 24 Hrs. 2c DATE PRONOUNCED DEAD Months Dec. Day 1 Y	ear 19 68 409 Am
	70 BIRTHPLACE (Store or foreign 76 CHIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH COUNTRY? WIDOWED DIVORCED Montgomery	
Poges 1 Arth form		Md (ND OF BUSINESS OR
	Bethesda give street oddress Suburban Hospital during most of working even (actived) MDus	
24 haurs after death in Item 18. Give Pagris Office along with the Sta	13a USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 3d INSIDE CITY LIMITS? 13e STREET AND NUMBER odmission) STATE Maryland 13b COUNTY	
thin 24 haurs and in Item I miner's Office pages I and & haurs after	14. FATHER'S NAME First Middle Lost IS MOTHER'S MA DEN NAME First Middle Ralph Anthony Haines Bessie Katherine Hughes	Last
hin nine pag	16d. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, notype pknown) 19-38-88-88-88-88-88-88-88-88-88-88-88-88-	
ruld be executed with rard "pending" in pel executed Exam te Chief Medical Exam di-transit permit. File any event within 72	10 CAUSE OF REATH States until one cause not long for (a) (b) and (c)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
be executed pending" is the Medical is the Medical is the most permit is vent within	DADY I OFATH WAS SAUCED BY BY BY A BY BY	sudden
Mec Mec nt v	/ ¼ , () DUE TO, OR AS A CONSEQUENCE OF	
pe ". pe	Conditions, if ony, which gove (a) Trauma from auto accident	
ony	stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
sha e w a th in	lost (c)	
INER: This certificate shauld be executed e certificate, writing the ward "pending" is shauld be forwarded to the Chief Medical files. 3 should be used as a burial-transit permitation, ar remayal, and in any event within	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)	
vritif vritii varç ed c	190, DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION	20 AUTOPSY?
for	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21d. EXTERNAL CAUSE WAS 21b TIME OF INJURY_Mggsh, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18	YES 📆 NO 🗀
MINER: This the certificate, a shauld be found in files. I should be a should be a mation, at ren		
KAMINER: te the certifi ye 4 shauld your files. age 3 shoul	PRIMARY TOR CONTRIBUTING HOUR A M. DEC. 1 1968 loss control of car and hit a wall a l	11
AEN Share and a share	₹ 21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f (OCATION Street or R.F.D. No. City or Town	yfnty Stote
L EXA!	whate Not whate today, office building, etc) AT WORK A	mery MD
A Par	22a. I certify that I tack charge of the remains described above, held an Autopsy 🔼, Inspection 🔼, Inquiry 🔼,	and in my apinian
DICAL EXAMINER: See execute the certificator. Page 4 shauld ined far your files. RECTOR: Page 3 should a burial, cremation,	death resulted fram: Natural causes 🔲 , Accident 🔼 , Suicide 🔲 , Hamicide 🔲 , Undetermined manner 🗍	
please I director retained.	ACTUAL SIGNATURE OCHO	
TY. P.		3. 1968
no DEPUTY DICAL EXAM necessary, please execute the funeral directar. Page 4 5 may be retained far your TO FUNERAL DIRECTOR: Page Haaith priar ta burial, crem	EXAMINER'S John G. Ball DEC. NAME (Type) ADDRESS(Street, city, town, or county)	3, 2,00
the the Hills	230 BUR AL (REMATION, 236 DATE 23c NAME OF CEMETERY OF CREMATORY 23d. LOCAT ON (City or Town) (Coun REMOVAL (Specify) 12-5-68 St. James Methodist Cemetery Dennings	
2		Md.
VR ATSME	W. W. Chambers Co.	udge.
10M REV 1/69/	1400 Chapin Street, N.W., Washington, D.C.	9



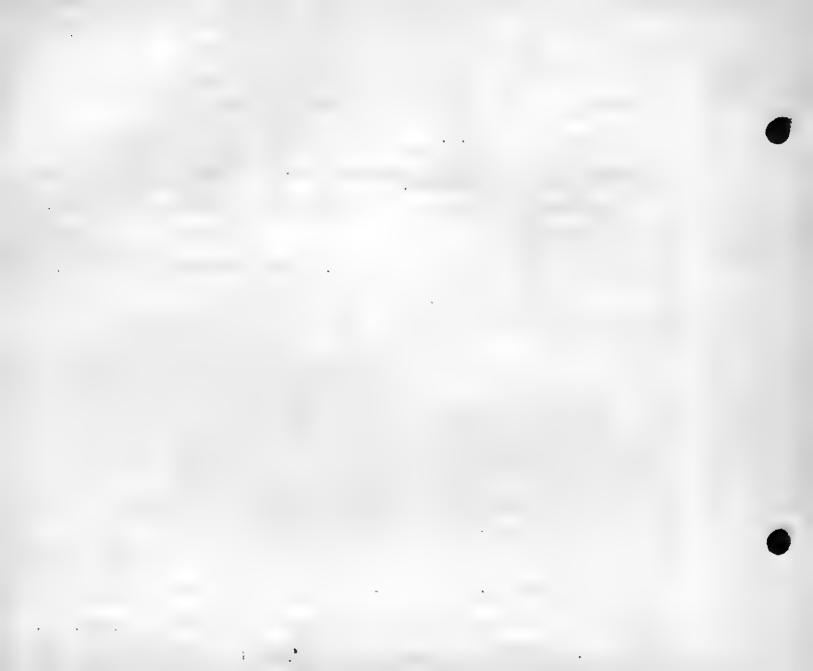
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7		14656		CERTIFICATE OF DEA	BALTIMORE, MARYLAND 21201	17798
~ :	1 0	ECEASED-NAME First	Middle	Lost	2g. DATE OF DEATH	21130
death neral and death		Type or print) Geor		Haines	Dec. 27.	Poy Yeor TiZOM
te be executed within 24 haurs after death an and campletely filled in by the funeral ase remove carban papers. Rages 1 and 2 nd in any event, within 72 hours after death.	3. S	x Male	Cauc.	5. DATE OF BIRTH June 28	6 AGE (In years lost birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
durs durs			76 CIT ZEN OF WHAT COUNTRY?	8 MARRIED X NEVER MARRIED		0.
2 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		Maryland	U.S.	WIDOWED DIVORCED	Montgomery	Md
rithin 24 filled on page		CITY OR TOWN OF DEATH ROCKVILLE	give street address) PO	IST IJTION (If not up no spitch 120 dur	i. USUAL OCCUPATION (Kind of work dor- ing most of working life, even if retired	126. KIND OF BUSINESS OR INDUSTRY
ne executed within and campletely filling remaye carban point only event, within	13a	USUAL RESIDENCE (Where decease	ld lived, if 'nstitution. Residence befare	13c CITY OR TOWN 13d INSI	Painter (Retired	
cam cam		Maryland	Montgomery	MOCKVILLE		son Street
and rem	14	FATHER S NAME First	M ddle Lost	15 MOTHER S MA,DEN N		Last
e be		George	Haine		Mary	(Unknown)
SS: SS:	100	WAS DECEASED EVER IN U.S. ARM (es, no, or unknown) (If yes give with	FD FORCES? If or dates of service) 16b. SOCIAL SECURITY 214-12		a G. Haines 208	Harrison St.
g phy Then mavo	-	No			d. narnes Roc	Harrison St.
e death re attending permit. Th		IB. CAUSE OF DEATH (Enter onli	y ane cause per \cdot ne for (o), (b), and (c) BY.		· (- A .)	BETWEEN DASET AND DEATH
ne deuth attendi		F-10 1 EMMEDIA	TE CAUSE (a)	talle Coverno	and agend)	3 Months
t the attended to the pe		Conditions, if any, which gave)	DUE TO, OR AS A CONSEQUENCE OF			
s that t cian. d by the Ltransit , crema		rise to immediate couse (a),	(b) DUE TO, OR AS A CONSEQUENCE OF			
s tho cian. d by I-tran		stoting the underlying cause	DUE TO, OR AS A CONSEQUENCE OF			
equires physicia signed burial-tr			DITIONS CONTRIBUTING TO DEATH BUT N	IOT RELATED TO THE TERMINAL DISEAS	SE OR CONDITION GIVEN IN PART 1(a)	
The law requires that offending physician has been signed by se as the burial-train heriar to burial, cre		1 (09,100,00	1 0 Com 0	lea ans	or concentration of the first flat	
law Indir I bee	F CATION	19a DATE OF OPERATION 19b. C	ONDIT ON FOR WHICH OPERATION WAS PE	Jan John Mark	20b. IF YES, WERE FINDING	S CONSIDERED IN CERTIFYING
The law ratending has been se as the h priarta	12		,	YES []	NO CAUSES OF DEATH?	
ar a	CERT	21a ACCIDENT WAS UNDERLYING	G 216. TIME OF INJURY	21c. HOW INJURY OCCURRED	(Enter nature of injury in Part 1 ar Part	2, Item 18)
CIA ital	ğ	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. Month Day Year er) P.M.	9		
Page 4 may be retained by the haspital at attending physician. C FUNERAL DIRECTOR: After this certificate has been signed by the a director, page 3 shauld be detached far use as the burial-transit per shauld be filed with the State Dept of Health priar to burial, crematian	WED		PLACE OF INJURY (AT HOME FARM, STREET FA OFFICE BUILDING, ETC		D Na. City or Tawn	County State
NG NY There is a district of the district of t			s hospital) attended the deceas	ed from	1963,10 12-27	19 6 8 that (1) (we) last
TEND (ned box: Af		saw the deceased at causes stated above	ve on 13-37 (I) (we) (aid) (did nat) view the	19 <u>6 3</u> and thot in (my) (ou bady after deoth.	19 63, to 12-27, r) opinion death occurred on the	dote and hour and fram the
D HOSPITAL OR ATTENION Page 4 may be retarned of FUNERAL DIRECTOR: A director, page 3 shauld shauld be filed with the		22b SIGNATURE	CIX Bucy	DEGREE PHYS	MED STAFF 2	2c DATE SIGNED
AL ON DOG PORTE		22d. PHYS CIAN S		22e. ADDRESS {	309 Veirs Mill I	Rd.
SPIT 4 m 4 m 4 ER/ id b		NAME (Type) DO	NALD L. BUCY		Rockville, Mary	Land
TO HOSPITAL Page 4 may TO FUNERAL I director, page shauld be fil	230	BURIAL EREMANION 23b B	ate 23c NAME OF 30,1968 Fores	CEMETERY OR CREMATORY	y Gaithersburg	(State), MontgomeryMd
VR A15 (4) 45M - 1/69	24 Ro	bert A. Pump	hrey, 7557 Wisc	consin Ave.	MN REIGEN 1963 SP REGISTER	Bry How The Strain



24 -	1		ENI UF HEALIH	
	H	DIVISION OF VITAL RECORDS, 301 W. PRESTON STR		-d Mr. 184
		CERTIFICATE OF	DEATH	17799
글 전골	1 0	DECEASED NAME First - Middle , Last	2a. DATE OF DEATH	2b. HOUR
eat and and	{	Type pryphyths. Olive, 40/hRunok	Month Day	Year Books
D (3. S	EX . 4 RACE S. DATE OF BI	RTH 6 AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
# (IVE)	1"	1	2 (2/ last birthday)	MONTHS DAYS HOURS MAN
Z 2 2 2	_			
ob of hot	70	BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MAR	RIED 9 COUNTY OF DEATH	10.
24 hard in ed in 72 h	-	NEW JESSEY 1.5 A. WIDOWED DIVOR	REED I MONT 90 Me	Reg Md.
	10.	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital	12a USUAL OCCUPATION (Kind of work done	126 KIND OF BUSINESS OR
£ 35\$)	IS	Silver Spring give street address) (ROSS AOSA)	during mast of warking life, even if retired.)	ANDUSTRY own home
d v nrt	130	USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN	136. INSIDE CITY LIMITS? 136. STREET AND NUMBER	10000
campletel	adn	rissian) STATE Md, 136 COUNTY Montgomery Sil. Spr.	YES № NO 2605 Glenal	Len Avenue
requires that the death certificate be executed within 24 haurs after death a physician. In signed by the attending physician and campletely filled in by the functional papers. By the abundance of the please remove correct papers. Then please remove correct papers.	14.		AIDEN NAME First Middle	Lost
and and in an	П	Joseph Jozur	(unknown)	
errificate b physician nen please oval, and i	160	WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17 INFORMANT		il. Spr., Md.
ysic ple ple		Yes, no. of wrkilown) (if yes give wor or dotes of service) yes Granklin	Halbruner 2605 Glena	Uen Avenue
# 4 # 9 %	-	yes manaoon	i Nucoamer 200) grena	APPROXIMATE INTERVAL
		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) PART 1. DEATH WAS CAUSED BY	a. Arad .	BETWEEN ONSET AND DEATH
To ait of	1	IMMEDIATE CAUSE (o)	reme	
he death cer attending p permit. The	1	DUE TO, OR AS A CONSEQUENCE OF	1 1	01 1.
t at t	1	Canditions, if any, which gave) (b) While Mex milk	enfrelle.	10-ll-2
s that the cidan. d by the d-tronsit is cremate.	1	rise to immediate cause (a). Stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	, .//	
ed led l	1	(c) Course affilled	ins	
he law requires that the datending physician. has been signed by the attice as the burial-transit per harior to burial, cremation,	1	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL	L DISEASE OR CONDITION GIVEN IN PART 1(a)	
ding I	-3"	4 M		
s bee	18	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTO	PSY? 206 IF YES, WERE FINDINGS C	ONSIDERED IN CERTIFYING
iclan: The law repital ar attending rificate has been defer use as the af Health prior to	CERTIFICATION	YES 🗆	NO CL CAUSES OF DEATH?	
- VI VI		21a ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c. HOW INJURY OCC	CURRED (Enter nature of injury in Part 1 or Part 2,	Item 181
Ign Par first Her Her	MEDICAL	OF CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year	(
S is is a is	. I 🗟	(If either, natify medical examiner) P.M. 19 21d. IN. JRY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET FACTORY.) 21f. LOCATION Stree	A as DED No. City or Town	County State
PHYSICIAN: he hospital or this certificate letached for us 3 Dept. of Health		21d. IN. JRY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET FACTORY.) 21f. LOCATION Stree While at work of work	et or R.F.D. No. City or Town	Costily State
		at work at work	10 61 11 13 10	/ Was 10 10 10 10 10 10 10 10 10 10 10 10 10
Z Sep ex		22a. I certify that (i) (this haspital) attended the deceased from 1/1/3 saw the deceased glive on 1/1/3 and that infim	19 00, 10 - 7 , 19	that (1) we last
TENDING PHYSICIAN: ined by the hospital ar R: After this certificate suld be detached for uthe State Dept. af Heal	1	saw the deceased alive an	y))aur) apinion death occurred an the do	are and nour and from the
14 to 5 to 5 to 5		22b. SIGNATURE	220	DATE, SIGNED / /
may be retained by the hospital RAL DIRECTOR: After this certifical, page 3 should be detached fail be filled with the State Dept. af He	1	DEGREE PHYS.	NG DIRECTOR D STAFF D /2	113/8
2 8 8 6 6		22 d. PRYSICIAN S / 22e. ADD		1-1
E B B B		NAME (Type) Lenis 18 Jennes 200 352	06/80/12 Hd, Silver	Spring, Md.
TO HOSPITAL OR ATTENDING Page 4 may be retained by to FUNERAL DIRECTOR: After director, page 3 should be shauld be filed with the State	22.0	D. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (State)
Sha dire	230			11 0
5- 5	/2A	to service and land of the control o	250 REC'D BY REGISTRAR 25h PECISTRAP'S	New Jersey
VR A15 (4) 30M REV. 1/68	7.2	200 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -	250 REC'D BY REGISTRAR 256. REGISTRAR'S	en findale
SWITT NLT, 1/00	W	arner E. Pumphrey, Inc. 8434 Georgia Avenue	DRICE	0 4



				D STATE DEPARTMENT OF		
- 1				301 W. PRESTON STREET, BAL ERTIFICATE OF DEATH	TIMORE, MARYLAND 21201	17800
2 -	I Di	ECEASED-NAME First	Middle	Lost	20. DATE OF DEATH	Tal. trava
Te e		ype or print) LOLA	MAY	HALL	Month Doy	Yeoro 113
4 1	3 SE		4 RACE	S DATE OF BIRTH	6 AGE (In years	IF UNDER YEAR IF UNDER 24 HRS.
		Female	White		een lestebirthday)	MONTHS DAYS HOURS MIN
	7o 1		CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
	coun	Kansas	U.S.A.	WIDOWED A DIVORCED		gomery Md
	10. 0	ITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR INS	TITUTION (If not in hospital 120, 115)	IAL OCCUPATION (Kind of work done	12b KIND OF BLSINESS OR
s ;		Silver Spring	give street oddress) Althea Woo	dland Nurs- Re	nost of working life, even if refired) tired Teacher LIM IS? 13e STREET AND NUMBER	Public Sch-
	30	USUAL RESIDENCE (Where deceased	I ved, if institute Reference fore	13c CITY OR TOWN 3d INSIDE CTY	IM TS? 13e STREET AND NUMBER	ools
	odmi	sson) STATE Maryland	Montgomery	Bethesda YES	0 6110 Bradle	
	14, F	ATHER'S NAME First	M.ddle Lost	IS MOTHER'S MAIDEN NAME		Lost
		Nathan	Davis	At	pigail	Newby
	160.	was deceased ever in U.S. ARMED es, no, or unknown) (Higes give work)	FORCES? 16b. SOCIAL SECURITY N	O. 17 INFORMANT		adley Blvd.
		No ***	216-46-0	491 Mr. Robert	McCormick, Bet	hesda, Md.
		18 CAUSE OF DEATH (Enter only o	one couse per line for (a), (b) and (c))	1 -7-/ 1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		PART I DEATH WAS CAUSED B		-al Inromb	OS/S	1 month
		4339	DUE TO, OR AS A CONSEQUENCE OF	1 1 1.		Several
		Conditions, if any/which gave) rise to immed ate cause (a),	(b) Cerehra	Arterioscle	rosis	years
		storing the underlying couse	DUE TO, OR AS A CONSEQUENCE OF			
		lost.	(c)	The transfer of the transfer o		
		PART 2 OTHER SIGNIFICANT CONDIT	TONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART 1(0)	
	0	190. DATE OF OPERATION 19b. (ON	NDITION FOR WHICH OPERATION WAS PER	onl	The state when the state of	
	CERTIFICATION	TTO. DATE OF OPERATION 170. COM	ADDITION FOR WHICH OPERATION WAS PEX	FORMED 200. AUTOPSY?	20b. IF YES, WERE FINDINGS CO CAUSES OF DEATH?	NSIDERED IN CERTIFYING
	CERTI	2To. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		er noture of injury in Port 1 or Port 2, It	10 \
		GR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. Month Doy Year	210 HOW HOOK! OCCURNED GEHIN	ar norule as injury in run 1 of Pott 2, it	em (o)
	MEDICAL	(If either, notify medical examiner) 21d INJURY OCCURRED 21e PLA	P.M. 19 ACE OF INJURY (AT HOME, FARM, STREET FACE OFF CE BUILDING, ETC.	ORY.) 21f LOCATION Street or R.F.D No	o. City or Town	County State
		21d INJURY OCCURRED 21e. PLA While Dot while day at work	OFFICE BUILDING, ETC	7 211 ESCATION SHEET OF KILD IN	city or town	Courty State
			oscitati attended the decease	d from /9(24) 19	to 2000 24 19/	that (I) (we) last
		saw the deceased anve	on Nov- 29 19	d from /9.64, 19 0.68, and that in (my) () ap	inion death accurred on the dat	e and hour and from the
	1	cooses sidied obove, (i) (we) (did) (did not) view the b	ody after death.		
		22b SIGNATURE	11/200	ATTENDING N	MED. STAFF	ATE SIGNED
		22d PHYSICIAN S	covigan,	DEGREE PHYS 22e ADDRESS	DIRECTOR PHYS PHYS	2125-1/60
1		NAME (Type) JAM	ES W/ EGAN, M.		dor Lane - Roth	esda Mil
,	23o	BURIAL, CREMATION 236 DATE		EMETERY OR CREMATORY	23d LOCATION (City or Town)	((ounty) (State)
	C	DEMOVAL (Consulty)		Hill Crematory	Suitland. Pr.	
)	24.	FUNERAL DIRECTOR	7557 ARPASS	consin Ave 250 RECOL	BY REGISTRAR 256 REGISTRARS S	
1	R	OBERT A. PUMP	HREY, Bethesda	. Maryland PAJAN	2 1969 Achan	es Judge
	_					



1 1	MARYLAND STATE DEPARTMENT OF HEALTH A PAGE DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
R STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH 17801
TH DEPT.	DECEASED NAME 70 First, Middle Lost 2a DATE KNOWN Month Day Year 2b HOUR
o Jo	(Type or Print) Charles H Jallonan DEATH MATED \$ 12 2 1968 13 M
	3 SEX 4 RACE 5 DATE OF BIRTH 6. AGE (in yours lif JADER 1 YEAR 15 UNDER 24 FRS 20 DATE PRONOUNCED DEAD 20 HOUR MAIN MONTHS DAYS HOURS MAIN MONTHS DOY 2 YOU 1968 7 MAIN Dec 2 YOU 1968 7 MAIN Dec 2
the State Dep	70 BIRTHPLACE (State or foreign 76. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED Y. COUNTY OF DEATH
	(auntry) Margional. 21.5.4. WIDOWED DIVORCED Montgomery Md
00	10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital during mast of work done of the street, address) 12 USUAL OCCUPATION (Kind of work done of the street, address) 13 NAME OF HOSPITAL OR INSTITUTION (If not in haspital during mast of working life, even if retired.) 13 NAME OF HOSPITAL OR INSTITUTION (If not in haspital during mast of working life, even if retired.) 14 NAME OF HOSPITAL OR INSTITUTION (If not in haspital during mast of working life, even if retired.)
	Dickerson - Rossite 2. Trush Collection - 130 USUAL RESIDENCE (Where deceased fived, if institut an Residence before 13c CITY OR TOWN 3d INSTITUTION 13e STREET AND NUMBER
death	admission) STATE That 13b. COUNTY Mont Dickerson YES NO X Rt#2
5 /	14. FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle Lost Conley
hours	16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or ugknown) (if yes give were or dates of service) (16b. SOCIAL SECURITY NO 17. INFORMANT ADDRESS
7/	APPOINTMENT INTERVAL
	IB. CAUSE UP DEATH (Enter only one couse per line for (o) (b), and (c). PART I DEATH WAS CA. SED BY RETWEEN ONSET AND DEATH
nt within	DUE TO, OR AS A CONSEQUENCE OF
event	Conditions, fony, which gove) (b) Coronary Arterio Selerasis - Years
any	rise to immediate couse (a). Sloting the underlying couse DUE TO, OR AS A CONSEQUENCE OF
	<u>lost.</u> (c).
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
	190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION 20 AUTOPSY?
	WAS PERFORMED? YES NO □
	210 EXTERNAL CAUSE WAS 216 TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.)
	FINARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19
	21d NAJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, at work at wor
	22a. I certify that I took charge of the remains described above, held an Autopsy 🔀, Inspection 🔼, Inquiry 🔀, and in my opinion
	death resulted from Natural causes 🔀, Accident 🔲, Suicide 🔲, Homicide 🔲, Undetermined manner 🗌
	ACTUAL OP B 8 00 CHIEF MEDICAL EXAMINER C
	SIGNATURE MD ASSISTANT MEDICAL EXAMINER LI
,	EXAMINER'S NAME (Type) DEPUTY MEDICAL EXAMINER ADDRESS(Street, city, town, or county)
	230 BURIAL (REMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or lown) (County) (Stote)
	BURIAL 12-5-68 Mt Zion Ch. Cemetery Sellman Monta. Md.
10	24 FUNERAL DIRECTOR 250. REGISTRAR S SIGNATURE
3	Robert L. Snowden Kockvelle Md DATE DEC 5 1968 reliance on

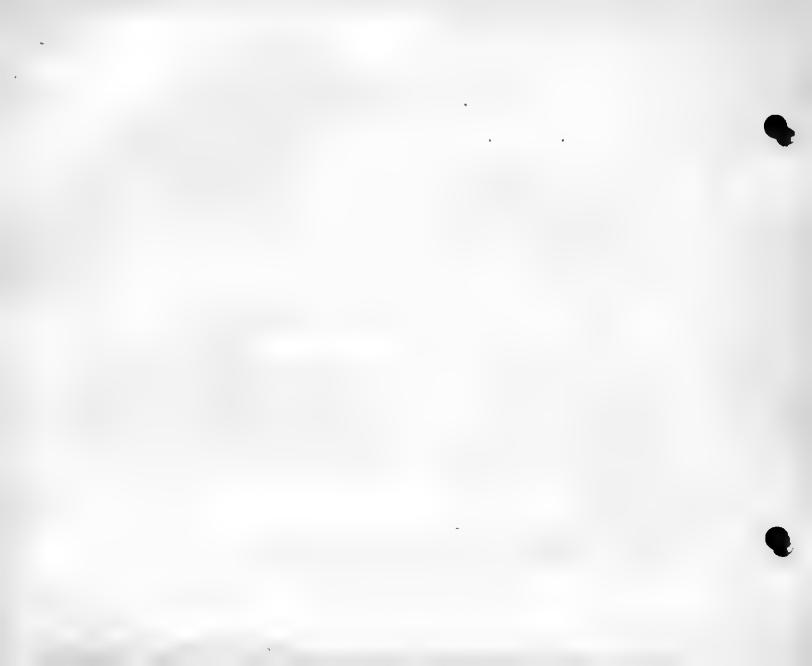


		MARTLAND STATE DEPARTMENT OF HEALTH	
		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
1		CERTIFICATE OF DEATH	17862
1 635		FIRST LOST Middle Last 2a DATE OF DEATH (ype or print) Middle Last 2a DATE OF DEATH Month 1 Doy	Year C (50
death death	L.	Nev mit Clwood Hamilton 12 13	60 1:0 A.M
after of the control	3 SE	s DATE OF BIRTH 8-9-33 last birthday) NRS NRS 10 AGE (In years 11 AGE (In years	JNDER I YEAR IF UNDER 24 HRS.
by the hours	70 1	BIRTHPLACE (Stote or fareign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH	
in l Pers. 72 hg	COUL		1 Ca Md.
ed within Pletely filled in carbon papers.	10. (TY OR TOWN OF PEATH II NAME OF HOSP TALOR INSTITUTION (IE not in hospital 120 USUAL OCCUPATION (Kind of work done	12b KIND OF BUSINESS OR
with bon bon, with		akona Tark- give street dddress) Aniarian Gran dwarfing life, even if ret red)	INDUSTRY GCIO
ate_be-executed within Minuts informand completely filled in by the legge remove carbon papers. Pa and-in any event, within 72 haurs	130 adm	USUAL RES DENCE (Where deceased lived, if institution Residence letare 13c CITY OR TOWN 3d INSIDE CTY LIMITS? 13e STREET AND NUMBER (15 ISSION) STATE YES AND DECEMBER OF STATE YES AND	Al Cotios
und com remove	14	ATHERS NAME First Mode Ust W MOTHERS MA DEN NAME First Middle	M COLOU
a Lei		Blanche Hom	ilton in
one be one be		WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT Address Address	7600 Cax vo 19
physiq physiq en ple aval, a		(es, no, or unknown) (If yes give war or dates of service) 230 36 0184 Washing In Anitorium Proovas	Takoma Park Iva
ing 1		18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) PART I DEATH WAS CAUSED BY	APPROXIMATE INTERVAL BETWEEN DIGET AND DEATH
he death attendii permit.		IMMEDIATE CAUSE (a) He parker Comac	2 who
t the at the at sit per nation		Canditions, if ony, which gove) Due TO, OR AS A CONSEQUENCE OF Carcheous (b) Carcheous	March Menso
that an. by th transit		tise to immediate couse (a).(stating the underlying couse) DUE TO, OR AS A CONSEQUENCE OF	actoria your
es t sicia ed b al-tr		lost 58//	
equires physicic signed burial-ti burial, c		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
law rending been s the iar to	No.	Peptic Ulcer	
The la attend attend has by se as the prior	CEITHFICAT	19a DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b if YES, WERE FINDINGS CONSTANTS NO CAUSES OF DEATH?	SIDERED IN CERTIFYING
te h ar a control of the h control of the h		21g ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Her	m 18.)
YSICIAN: aspital ar certificate hed for u	MEDICAL	DR CONTR BUTING CAUSE OF DEATH HOUR A.M., Manth Day Year (If either, notify medical examiner) P.M. 19	,
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate_be. Page 4 may be retained by the haspital or attending physician. D FUNERAL DIRECTOR: After this certificate has been signed by the attending physician addictor, page 3 shauld be detached for use as the burial-transit permit. Then please rehould be filed with the State Dept. of Health prior to burial, cremation, or remayal, and and an example of the state Dept.		21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, SIREET, FACTORY) 21E LOCATION Street of R.F.D. No. 1. C.tv. or Town	County State
the Date of the Da		at work at work	
TENDING ined by the DR: After to ould be do the State		22a. I certify that (1) (this haspital) attended the deceased from 124, 1968, ta 1245, 1968, saw the deceased ative an 1248, and that in (my) (our) opinion death occurred on the date	and hour and from the
O.S.:		causes stated obave, (1) (we) (did) (did not) view the bady after death.	
OR A DIRECT		ATTENDING MED STAFF	TE SIGNED
VI O y be y be gge filed	1	22d. PHYSICIAN'S DEGREE PHYS. DIRECTOR PHYS 12 22d. ADDRESS	100
ERAI d be		NAME (Time)	Md.
TO HOSPITAL OR ATTEN Page 4 may be retained O FUNERAL DIRECTOR: director, page 3 shauld should be filed with the	230	BURIAL, CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town)	(County) (State)
5 5 5 g g x		REMOVAL (Specify) Dec 16, 1968 Ft Lincoln Cemetery Colmar manor Pro	Geo Md.
VR A15 (4)	24	FUNERAL DIRECTOR F. Gasch's Sons Hyattsville, Md. 250 REC'D BY REGISTRAR 25b REGISTRAR'S SH	





To BIRTHPLACE (State or foreign country) To CITIZEN OF WHAT COUNTRY? S. MARRIED NEVER MARRIED P. COUNTY OF DEATH NOT COUNTRY) Prooklyn. N.Y. U.S.A. WIDOWED DIVORCED Montgomer Not come	FUNCER 1 YEAR F JHOER 24 HRS. MONTHS ONYS HOURS NUN MOLTING THE PROPERTY OF T
Theresa Harmuth 3 SEX	FUNDER 1 YEAR FUNDER 24 HRS. MONTHS ON YS HOURS MUN Y Md. 12b. KIND OF BUSINESS OR INDUSTRY
S. DATE OF BIRTH	FUNCER I TEAR F JNCER 24 HRS. MONTHS OAYS HOURS NUN Y Md. 12b. KIND OF BUSINESS OR INDUSTRY
70. BIRTHPLACE (State or foreign country) Brooklyn, N.Y. U.S.A. 10 CITY OR TOWN OF DEATH Wheaton Wheaton Wheaton 130 USUAL RESIDENCE (Where deceosed lived if institution, Residence before odmission) STATEMARY LANGE First Middle Lost S. MARRIED X NEVER MARRIED 9. COUNTY OF DEATH Middle 120 USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) Wheaton 130 USUAL RESIDENCE (Where deceosed lived if institution, Residence before odmission) STATEMARY LANGE First Middle Lost 15 MOTHER'S MAIDEN NAME First Middle Theresa	12b. KIND OF BUSINESS OR INDUSTRY
COUNTRY Brooklyn. N.Y. U.S.A. WIDOWED DIVORCED Montgomer	12b. KIND OF BUSINESS OR INDUSTRY
10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.) 120 USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) 130 USUAL RESIDENCE (Where deceosed lived if institution, Residence before odmission) STATEMARY 13b. COUNTMONTGOMERY SILVER SPRINGS NO 808 Horton Dr. 14. FATHERS NAME First Middle Lost 15 MOTHERS MAIDEN NAME First Middle Coorder Theresa	12b. KIND OF BUSINESS OR INDUSTRY
130 USUAL RESIDENCE (Where deceosed lived if institution. Residence before odmission) STATEMARYLand 13b. COUNTMONTGOMERY Silver Springs No 808 Horton Dr. 14. FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle George Aplustile Theresa	ive
odmission) STATEMARYLand 13b. COUNTMontgomery Silver Springs No 808 Horton Dr.	
George Aplustille Theresa	Last
17 HISC DOCUMENT IN THE PROPERTY OF THE PROPER	Schmidt
160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give were or listes of service) 121–20–1448 B NILLIAM HARMUTH TAME	AS # 13
18 CAUSE OF DEATH (Enter only one cause per one for (a), (b), and (c)) PART 1. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Isse to immediate cause (b) Stating the underlying cause (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	BETWEEN ONSET AND GEATH
190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206 IF YES, WERE FINDINGS CO CAUSES OF DEATH? YES NO 200 ACCIDENT WAS UNDERLYING 1216, TIME OF INJURY 1216, HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2.	ONSIDERED IN CERTIFYING
210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, 1 or contributing Cause of ceath HOUR A.M. Month Day Yeor (If either, natify medical examiner) P.M. 19 21d. N.JRY OCCURRED 21e. PLACE OF INHIRY / AT HOME FARM, STREET, FACTORY 1, 21f. LOCATION. Street or R.F.D. No. (if yor Town)	Item 18)
21d N.J.RY OCCURRED 218 PLACE OF INJURY (AT HOME FARM, STREET, FACTORY) 21f LOCATION Street or R.F.D. No. City or Town of work	County State
22a. I certify that (1) (this haspital) attended the deceased from	
Edward Calulan W. Degree ATTENDING DIRECTOR DIRECTOR PHYS DIRECTOR	Date SIGNED DATE SIGNED
22d. PHYSICIAN'S NAME (Type) 22e ADDRESS 1100 22 57 M.	w work Dc
230 BURIAL (REMATION, REMOVAL (Specify) Dec. 20, 1968 Geo. Washington Prince	(Caunty) (State)
Burial Dec 20, 1968 Geo. Washington Prince 24. FUNERAL DIRECTOR Solve Sallier School DATDEC 2 7 1968 Client Burial Dec 20, 1968 Geo. Washington DATDEC 27 1968 Client DATDEC 27 19	George Md. signature Plan Judge



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17805 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. Middle DECEASED-NAME First 2g DATE KNOWN Month (Type or Print) ESTI-2 and 3 to Robert Cline Harris DEATH MATED 4. RACE 6. AGE (In years IF UNDER 1 YEAR IF JNDER 24 HRS 2c DATE PRONOUNCED DEAD 3. SEX S DATE OF BIRTH 2d HOUR last birthday) HOURS. May 22, 1923 45 YRS Male White To BIRTHP_ACE (State or foreign 9 COUNTY OF DEATH 7b CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED X (ountry) Virginia USA WIDOWED [DIVORCED [Montgomery Pages 12a USUAL OCCUPATION (Kind of work done 1) NAME OF HOSPITAL OR INSTITUTION (If not in haspital 2b KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH during most of working life, even if retired.) give street address) INDUSTRY Bethesda Suburban Super Giant Sales Clerk 13d. INSIDE CITY JAMITS? 13e. STREET AND NUMBER 130 JSJAL RESIDENCE (Where deceased lived, if institution: Residence before) 13c. CITY OR TOWN 13b, COUNTY odmission) STATE Annapolis Jdt YES | NO | PO Box 47 Anne Arundel This certificate should be executed within 24 hours e certificate, writing the word "pending" in pencil in Item I should be forwarded to the Chief Medical Examiner's Office Item 1 ofter puo First Middle Last 15 MOTHER'S MA DEN NAME Middle 14 FATHER'S NAME William Jennings Harris Hazel hours 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO **ADDRESS** (Yes, no, or unknown) 79-14-4684 (III yes give war or dates at service) File APPROXIMATE INTERVAL within 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) BETWEEN ONSET AND DEAT PART I DEATH WAS CAUSED BY. COFONDIG Surlden IMMEDIATE CAUSE (a) event DUE TO, OR AS A CONSEQUENCE OF Cardio Voscolar Disease. buriol-transit 40215. Canditions, if any, which gave rise ta immediate cause (a), ony DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse .⊑ PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) o removol, CERTIFICATION used 19b CONDITION FOR WHICH OPERATION 20 AUTOPSY? 190 DATE OF OPERATION WAS PERFORMED? NO A YES 🗀 5 21a EXTERNAL CAUSE WAS 21b TIME OF INJURY Manth, Day, Year 21c HOW INJURY OCCURRED (Enter nature of njury in Part 1 or Part 2, Item 38) 3 should HOUR A.M. PRIMARY OR CONTRIBUTING cremation, CAUSE OF DEATH 2.d IN.JRY OCCURRED 21e PLACE OF INJURY (At hame, farm, street, 21f LOCATION Street or R.F.D. No. City or Town County State factory, office building, etc.) AT WORK AT WORK 220. I certify that I took charge of the remains described above, held on Autopsy X Inspection X Inquiry X ond in my opinion Notural causes X Accident . Suicide . Homicide deoth resulted from: Undetermined monner CHIEF MEDICAL EXAMINER ohn B. Ball ACTUAL 22b DATE SIGNED -ASSISTANT MED CAL EXAMINER SIGNATURE DEPUTY MED CAL EXAMINER **EXAMINER'S** ADDRESS(Street, city, tawn, or county) NAME (Type) 230 BUR AL CREMATION, (County) (State) REMOVAL (Specify) 250 REC D BY REGISTRAR 24 EUNERAL DIRECTOR 2Sb REGISTRAR'S SIGNATURE VR A15ME (5) 10M REV 1, 68



		MARYLAND STATE DEPARTMENT OF HEALTH		
1	(ΛM)	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1780		
			9	
	death. nerat and 2 death;	T. DECEASED NAME First Middle Lost 2a. DATE OF DEATH (Type or print) Than Tarrison Decent of Death The control of Death The contr	2b HOUR	
	s after the fun ages 1 s after	3 SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years Funder Year 1 ale 1 ale 1 ale 2 as both 1 3 as birthday) 7 yes 3 SEX	,F JNOER 24 HRS. HOURS MIN.	
	4 haurr I in by ers. P	70 B.RTHPLACE (Stote or foreign Country) 75 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH WIDOWED DIVORCED	Md	
	nthin 2 ly filled an pap within	10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of warking life, even if retired) 120 USUAL OCCUPATION (Kind of work done during most of warking life, even if retired) 120 INDUSTRY	7110	
	executed within 24 haurs after death. A campletely filled in by the funeral emove carbon papers. Pages 1 and 2 any event, within 72 haurs after death.	13a USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13a INSTITUTION 13e STREET AND NUMBER admission) STATE Taryland Street and Street and Street and Number 13c CITY OR TOWN 13a INSTITUTION 13c STREET AND NUMBER 13c CITY LIMITS?	t	
	The execution of the control of the	14 FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle V 'oods	ruff	
Ţ	Vsinemor Vsinemor please n al, and in	16a WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give wer or dates of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT HOSPital Records		
	It law requires that the death certify tends executed within 24 haurs after death, attending plysician has been signed by the attending physician and completely filled in by the funeral se as the burial-transit germit. Then please remove carban papers. Pages 1 and 2 the prior to burial, cremation, ar removal, and in any event, within 72 haurs after death.		MATE INTERVAL MASE AND GRATH MASS MASS MASS MASS MASS MASS MASS MAS	
	TO HOSFITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician TO FUNERAL DIRECTOR: After this certificate has been signed by directar, page 3 should be detached far use as the burial-trasshauld be filed with the State Dept. of Health prior to burial, crees	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING O	State (I) (we) last ond from the	
	TO HOSPITAL OR Page 4 may be 1 TO FUNERAL DIRE director, page 3 shauld be filed v	230. BURIAL CREMATION, REMOVAL (Specify) 236. DATE 237-2 3 23. AAME OF CEMETERY OF CREMATORY 236 LOCATION (City or fown) (County) PD 236. BURIAL CREMATION, REMOVAL (Specify) 236. DATE 237-2 3 236. NAME OF CEMETERY OF CREMATORY 236 LOCATION (City or fown) (County) PD 237-2 3 236. DATE 237-2 3 236. NAME OF CEMETERY OF CREMATORY 236 LOCATION (City or fown) (County) PD 237-2 3 236. DATE 237-2 3 236. NAME OF CEMETERY OF CREMATORY 236 LOCATION (City or fown) (County) PD 237-2 3 236. DATE 237-2 3 236. NAME OF CEMETERY OF CREMATORY 236. LOCATION (City or fown) (County)	(Shire)	
	VR A15 AND	ADDRESS WOOD JOSÉ 250. RECD BY REGISTRAR 256 REGISTRAR'S SIGNATURE DATE DE C 2 3 1968 PRINCES WOOD JOSÉ DATE DE C 2 3 1968	yes.	



	MARYLAND STATE DEPARTMENT OF HEALTH
1:	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
	Oblie CERTIFICATE OF DEATH 17807
En alle	1. DECEASED NAME First Middle Lost 20. DATE OF DEATH (Type or print) OLLTE SENNINGS HARRISON 12 Month 13 Day 68 year 93%
de de de de	TYPE OF PINNTY OLLIE SENNINGS HARRISON 12 MONTH 13 MAY 68001 199/PI
frer	3. SEX 4. RACE 5 DATE OF BIRTH 6. AGE (In years F JHDER 1 YEAR OF LINDER 24 HRS. Just bythday), MONTHS DAYS HOURS MIN
the the rs a	Male White 1-10-00 68 KBS
haurs after on by the la s. Pages hours afte	70 BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH
24 true in the individual in 172	VA. WIDOWED DIVORCED THONTON WAY
e executed within 24 hours after deal and completely filled in by the many remade, corban papers. Pages I and any event, within 72 hours after deal	10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITA, OR INSTITUTION (If not in hospital during most of work done give street oddress) 120 USUAL OCCUPATION (Kind of work done during most of working life, even if retired) 11 NAME OF HOSPITA, OR INSTITUTION (If not in hospital during most of working life, even if retired) 12 USUAL OCCUPATION (Kind of work done during most of working life, even if retired)
witl fely wil	TAKOMA PARK Wash, SAN, + Hosp. Retired
emit ed	130. USUA. RESIDENCE (Where deceosed lived, if institution. Residence before 13c. CITY OR TOWN odmission) STATE As State (Where deceosed lived, if institution. Residence before 13c. CITY OR TOWN YES NO DOWN YES NO DOWN YES NO DOWN YES NO DOWN AS THE PROPERTY OF THE PROP
executed in comple emave cany event	Tyla. Delisville - Powder I'll Ra
and composite to any sve	
are be	WAITER HArrison CITTE STEADES 160 WAS DECEASED EVER IN U.S ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT Address
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d by cre	stoting the underlying couse (c) Backsonia
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he do	E 1/22 68 (Service arterior YES NO CAUSES OF DEATH?
	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M. 21d INITIAN OF CORPED Tale PLACE OF INITIAN AREA SPREEL FACTORY.) 21f IOCATION Street or R.F.D. No. City or Town County State
PHYSICIAN: e haspital ar his certificate prached far Dept. af Heal	
G PHYSIC the haspit this certii detached	of work — of work —
ENDING P ned by the R: After thi old be det the State D	22a. I certify that (1) (this haspital) attended the deceased fram Hovember, 19 6K, to 20013, 1918, that (1) (we) lass saw the deceased alive an 19-13-6K 19, and that in (my) (aur) apinian death accurred an the date and haur and fram the
NO NO NO NO NO NO NO NO NO NO NO NO NO N	saw the deceased alive an 13-13-62 19 , and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated abave((1)) (we)((d d) (did nat) view the bady after death
ATTE reforme ECTOR: 3 shaul with th	22b. SIGNATURE 22c. DATE AIGNED (
OR De re De re 3 se e 3 se ed wije	DEGREE PHYS ATTENDING DIRECTOR
V be ORR	204 DUVELFANIC 170 ADDRESS 15 TO 11
mg mg L. P	NAME (Type) A Lan R. Gair MD 3118 Craig Lawn Rd, Belts ville, Md
O HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the haspital ar O FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached far ushauld be filed with the State Dept. af Heal	23a. BURIA., CREMATION, 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State)
6 0 9 2 W	REMOVA (Specify) Dec 17, 1968 Ft Lincoln Cemetery Colmar Manor Pro Geo Md.
VR A15 (4)	24. FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR'S SIGNATURE
30M REV. 1/68	F. Gasch's Sons Hyattsville, rid. DATE DEC 18 1968 Clearles Quedes



		-	MARYLAND STATE DEPARTMENT OF HEALTH	
1			DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH	
7	death.		DESCRIPTION MARKET CO. T. C. T	OUR A M
el el			SEX FEMALE ARACE S. DATE OF BIRTH 2 12.5/1891 6 AGE (In years Journal 19EAR IN UNDER 24 DOST DISTRIBUTION) MONTHS DAYS HOURS WHITE	HRS MIN
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r.	A SON	,	O. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done during most of working life, even if retired) 12b. KIND OF BUSINESS O USUAL OCCUPATION (Kind of work done during most of working life, even if retired) 12b. KIND OF BUSINESS O USUAL OCCUPATION (Kind of work done during most of working life, even if retired) 12c. USUAL OCCUPATION (Kind of work done during most of working life, even if retired) 12b. KIND OF BUSINESS O USUAL OCCUPATION (Kind of work done during most of working life, even if retired) 12c. USUAL OCCUPATION (Kind of work done during most of work done during most of working life, even if retired)	
8-	that the death certificate be executed on. by the attending physician and completerations is permit. Then please remove corb cremation, or removal, and in any event,	1.	30. USUAL RESIDENCE (Where deceosed lived, if institution, Residence before 134 CTV OR TOWN 134 INSIDE CITY UM/137 136 STREET AND NUMBER 420 Jadwin St. Denna 136 COUNTY XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
7 3	and cere	2	4 FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost	
7 7	ote be ician ar lease r ond in		William Green Emily Newhold	
200	rtificate b physician en please oval, ond i		60. WAS DECEASED EVER IN LS ARMED FORCES? Yes, no, or unknown) (Hypes give wor or dates of service) 193-40-8252 Mrs. George Murrison 1009 Strout Street	
4 r	The Plant		THE CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN OWSET AND DEA	īh.
3	ie death cei attending p permit. The ion, ar remo		PART I DEATH WAS CAUSED BY CEREBRAL THROMBOSIS 24 HRS	
यीव	quires that the death certificate be physicion. signed by the attending physician arburiol-transit permit. Then please reburiol, cremation, or removal, and in		Canditions, if any, which gave) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave) THEROSELEROSIS 1-2-4EA1	35
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3			1 DETENT LET HIP GRACTURE (10/19/68)	
9	The low re attending e hos been use os the other prior to	7	196 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES NO CAUSES OF DEATH? 210. ACCIDENT WAS UNDERLYING 1216. TIME OF INJURY 1216. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 1 or Part 1. Item 18.)	
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	TENI ined ined OR: 4		22a. I certify that (1) (this hospital) attended the deceased from Dec., 1952, to Dec. 19, 1968, that (1) (we) saw the deceased alive on Dec. 18, 1968, and that in (my) (our) opinion death accurred on the date and hour and from causes stated abave. (1) (we) (did) (did na) view the body after death.	ille
	OR AT be reta DIRECTO 3e 3 shi		22b. SIGNATURE James a. Roberts M.D. ATTENDING DIRECTOR D	
	₹ 5 - 3 8 ±	;	22d. PHYSICIANS NAME (Type) JAMES. A. RUBERTS 8907 GEORGIA AVE SILVER SPRING, M	<i>D</i> ₁
	O HOSPIT Poge 4 mm O FUNERA director, 1		BURIAL, CREMATION, REMOVAL (Specify) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)	MINISTER .
	5 5 5 p. 2	0	- REPART - 11 1 A - 11 10 A V - 1 (100 - 10) A - 2 I A C - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -	
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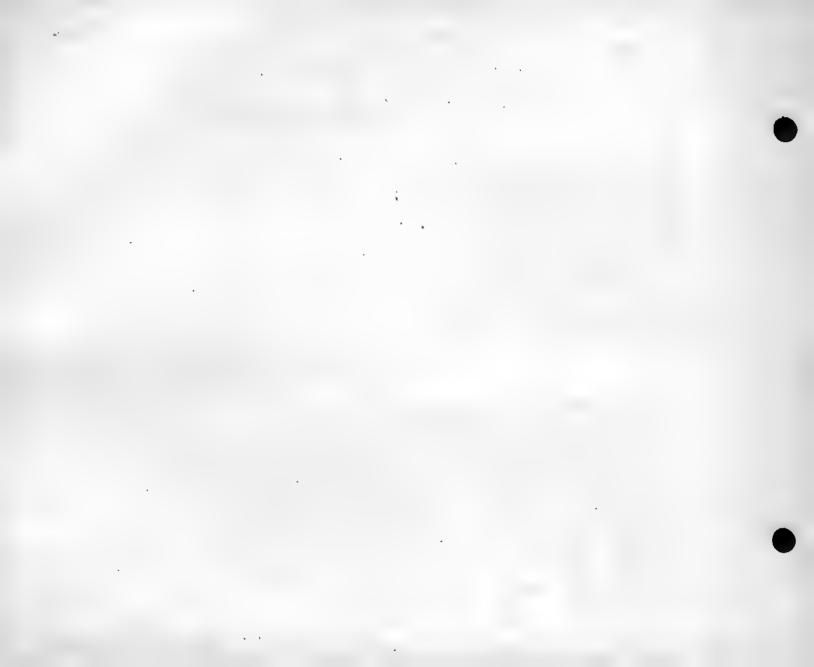




1	1 tem5 FilmG407 12/12/6 MARYLAND STATE DEPARTMENT OF HEALTH	
FOR STATE	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	7810
HEALTH DEPT.		D V (7) 110.15
	(Type or Print) MYDDTTE (NONE) HAVENER OF ESTI-	2 1968 10 A M
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d will in pe I Exor I. File in 72	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c))	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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exe endi Me it pe	DUE TO, OR AS A CONSEQUENCE OF	
d 'p Chiel rans	Conditions, if ony, which gave is set a immediate couse (a), (b)	
INER: This certificate should be executed within 24 hours ofter death e certificate, writing the word "pending" in pencil in Item 18. GiverTage should be forwarded to the Chief Medical Examiner's Office along with files. 3 should be used as a buriol-transit permit. File pages land 2 with the Station, or removal, and in any event within 72 hours ofter death	stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
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te, tor for rem	190. DATE OF OPERATION 196. CONDIT ON FOR WHICH OPERATION WAS PERFORMED? 210. EXTERNAL CAUSE WAS 216 TIME OF INJURY Month, Doy, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2. He	YES NO X
# T 4 "	210. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING HOUR A.M. 21b TIME OF INJURY Month, Doy, Year PRIMARY OR CONTRIBUTING HOUR A.M.	m 18.)
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the the large of the series of		County State
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pleose pleose I director retainer L DIREC	death resulted fram: Natural causes XI, Accident II, Suicide II, Homicide II, Undetermined monner (
ior in the state of the state o	ACTUAL SIGNATURE Ookm S. Bell MD ASSISTANT MEDICAL EXAMINER 226 DATES	IGNED
Sory, be ERA		.2,1968c
necessory, please execute the funeral director. Page 4 5 may be retained for your for Funeral Directors. Page Health prior to buriot, crem	NAME (Type) John G Ball ADDRESS(Street, city, town, or county)	
0 = + ~ O H	PEMOVAI (Specify)	(Caunty) (State)
	Burial 12-5-68 Walkers Chapel Cemetery Arlington 24 FUNERAL DIRECTOR 255 REGISTRAR 256 REGISTRAR 256 REGISTRAR 5 SI	Virginia
VR A15ME (5)	7557 NISCORSED AVE.	las Judge
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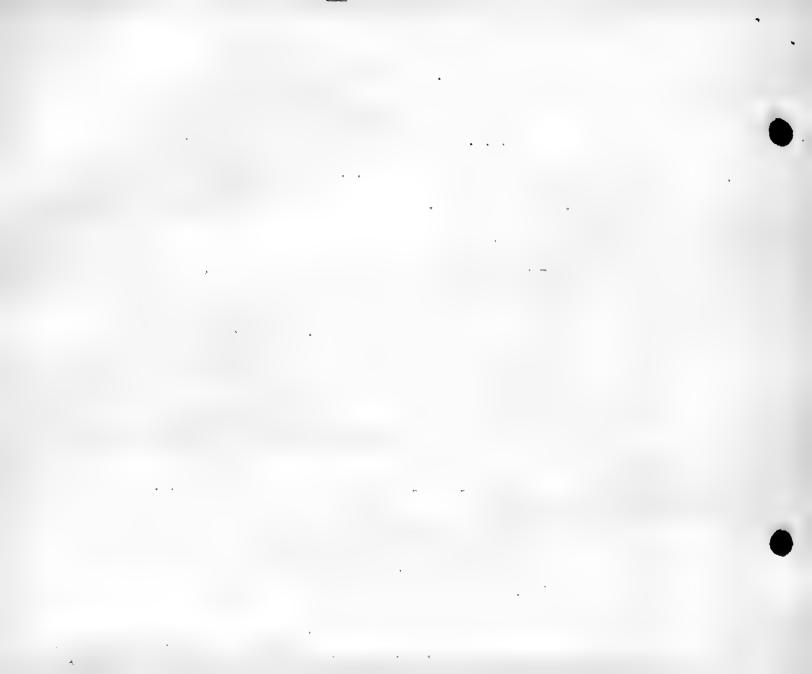
1	1	MARYLAND STATE DEPARTMENT OF HEALTH	
\$		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	W O 4 4
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	17811
HEALTH DEPT.		ECEASED NAME First Middle ast 20 DATE KNOWN Month OF EST.	Day Year 2b HOUR
to of	(Type or Print) Harbart King Hawkins DEATH MATED & Dic.	7 19/8 7 M
& Zanta	3 \$	EX 4 RATE S. DATE OF BIRTH 6 AGE (In yours F UNDER 1 YEAR F UNDER 24 HRS 2c DATE PRONOUNCED DEAD	2d. HOUR
de loy		M. Negro 6-29-1932 last birthday) MONTHS DAYS HOURS MAN Manth Dec Doy 25	Year 1968, 34 M
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		HARRE HAWKING COULER	KING
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with pen xami xami	1	(es na, or unknown) (If yes give war or dotes of service) MRS FRMA L. Sull IVAN	D.C.
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ta i ta i		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g)	
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Fifting Barbara Barbar	A O	MAR.OU DISTRICT TO CONTROL TO CON	ли 10.)
Cer	MEDICAL	PRIMARY POOR CONTRIBUTING 7. HOUR A.M. Dec 1968 Shot in Head 22 cal gum - [CAJSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (At hame, farm, street, 21f LOCATION Street or R.F.D. No Cty or Town	6
MIN the the 1 st in fi	2	feature office healthing age)	County Stote
L EXA ecute Page ar you R: Pag		ATWORK LIATWORK & Car branded in West - 913 STORESTEED AVE. ROCKVITTE	
SICAL EXAMINER: se execute the certi rctor. Page 4 should ned far your files. ECTOR: Page 3 shaul 1 burial, cremation,		22a certify that I taak charge of the remoins described abave, held an Autopsy 🔀, Inspection 💢, Inquiry 🔀	and in my opinion
Dur Clear e C		death resulted fram. Notural causes 🔲 , Accident 🔲 , Suicide 🔲 , Homicide 💢 , Undetermined manner [
y, please rai directe retains: AL DIRE		CHIEF MEDICAL EXAMINER	
Far and in	l	ACTUAL ACCUSTANT MEDICAL EXAMINED 225 DATES	SIGNED
CR be		EXAMINER'S DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	25,1968
o DEPUTY SICA Sica Sica Sica Sica Sica Sica Sica Sica		NAME (Type) ADDRESS(Street, city, town, or county)	
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	1.5	3 URIAC 12-30-68 Brooke Grove Cem LANTONSVIlle 1	Monto Md.
()		EUNERAL DIRECTOR 250 REC'D BY REGISTRAR 25b. REGISTRAR 5 S	IGNATURE
VR A15ME (5)	/	Robert L. Angreeden Raskwells M. part A" 3 1969 School	as Judge



, m	/ 1	1		MARYLAND DIVISION OF VITAL RECORDS, 30	STATE DEPARTMENT OF HEAI 1 W. PRESTON STREET, BALTIMOI		
30.00	1		17891		RTIFICATE OF DEATH	,	17312
	death. neral and 2 death.		ECEASED-NAME First Type or print) Trac	nces. Pauline	Haxton 20	DATE OF DEATH	Yegr 5:35%
	be executed within 24 haurs after death and completely filled in by the hyneral in any event, within 72 hours after death in any event, within 72 hours after death		Pemale.	4 RACE White	s pate of birth aug 25, 1894	6 AGE (In years asylenthay) YRS.	IF UNDER 1 YEAR F JINDER 24 HRS MONTHS DAYS HOURS MIN
•	in 24 hau filled is by papers hin 72 hou	coi		(Con) = 11 = V	IDOWED DIVORCED	UNITY OF DEATH Montgomery	Md
_	Dated within 24 carbon pape event, within 7		City or town of beath Dakoma Park	11. NAME OF HOSPITAL OR INSTITUTE THE HOSPITAL OR INSTITUTE REPORTED IN THE PROPERTY OF THE PR		UPATION (Kind of work done working life eyen it retired)	126 KIND OF BUSINESS OR INDUSTRY Gov t.
(1	couplet tove car	odn	ission) STATE	ed Ived, if institution: Residence before 13 13b COUNTY	Boyds YES NO	13e. STREET AND NUMBER Route #1 Box 6	5
			FATHER'S NAME First Wa	4	15 MOTHER'S MAIDEN NAME First	. Grinsley	Lost
	physic.an	160	WAS DECEASED EVER IN U.S. ARM	IED FORCES? or or dates of service) 215-46-208	17 INFORMANT 22 Kichard Haxton K	t. #1 Box 65, 1	Boyds, Md.
	eath cei nding p nt. The or rema		DADT 1 DEATH MAC CALCER	TE CALISE (a) [ONO]	oral Thrombosis		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 12 hrs.
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	requires ng physicic en signed ne bur.al-t ta burial, c	22	PART 2 OTHER SIGNIFICANT COM 260 X	DITIONS CONTRIBUTING TO DEATH BUT NOT R	ELATED TO THE TERMINAL DISEASE OR CONDIT	ION GIVEN IN PART I(o)	
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	CLAN: vital ar inflicate af for us of Health	MEDICAL CER	21o. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examin	HOUR A.M. Month Day Year	21c. HOW INJURY OCCURRED (Enter notus	re of injury in Port 1 or Port 2, Its	em 18.)
		WEI	2 d MJJRY OCCURRED 21e While Not while of work of work	PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.	2) t LOCATION Street or R.F.D. No	City or Yown	County State
	NDING ed by the After Id be do		22a. I certify that (I) (thi saw the deceased al	s haspital) attended the deceased five an 19, (I) (we) (act taid not) view the bod	ram 8=25 , 1904, and that in (my) (our) apyrian	ta	e and haur and fram the
	OR ATTENDING De retained by the IRECTOR: After 1 e 3 shauld be d ed with the State		22b SIGNATURE	, (I) (we) (did) (did not) view the hod		22c D	ATE SIGNED
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	TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached for use as the should be filed with the State Dept. of Health priar ta	230	BURIAL, CREMATION 23b [ATE 23c. NAME OF CEMI	TERY OR CREMATORY 23d Utashington Cens. Idi	LOCATION (CTV or TOWN)	(County) (State)
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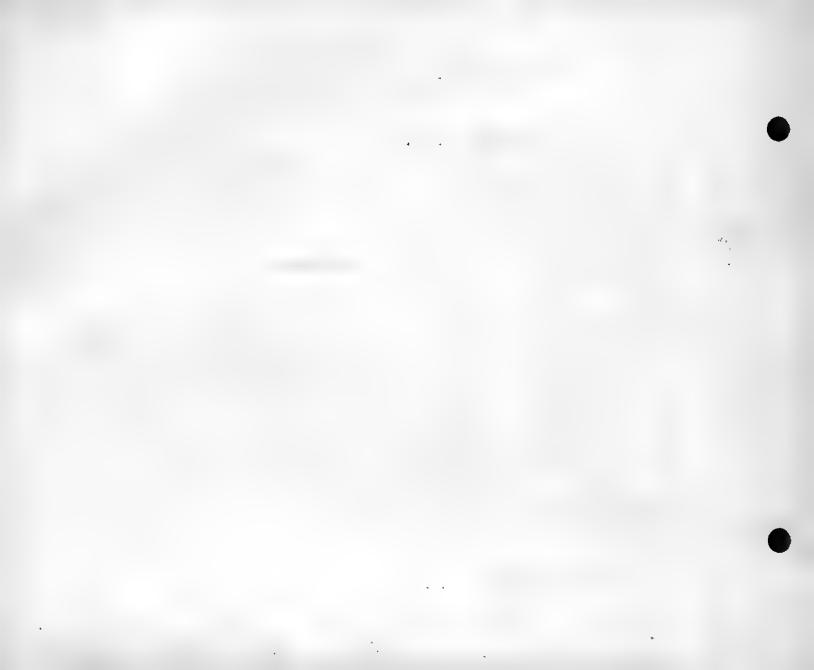
1 1	17802	MARYLA DIVISION OF VITAL RECORD	IND STATE DEPARTM		IDVIAND 01001		
	TABLE	DIVISION OF VITAL RECORD	CERTIFICATE OF		AKTLAND 21201	1781	3
	1 DECEASED-NAME	First Middle	Last	2a DATE C	OF DEATH		26 HOUIP
	(Type or print) MARY	Fl.	MAYDEN	DE	CEMBER 200	1968	1:05M
	3 SEX FEMALE	4. RACE WELTE	S DATE OF BIR June 2	25, 1899	6. AGE (in years last birthday)	JE UNDER YEAR	IF UNDER 24 HRS HOURS MIN
	7a BIRTHPLACE (State or foreign country) Maryland	7b. CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARE WIDOWED X DIVOR		7 110		Ma
41	10 CITY OR TOWN OF DEATH Rockville		INSTITUTION (If not in hospital	12a USUAL OCCUPATIO during most of workin Housewife	N (Kind at wark done	126 KIND OF BI	JSINESS OR
	13a USUAL RESIDENCE (Where doorn ssion) STATE	eceosed lived, if institution. Residence befo			TREET AND NUMBER Congression		
*	14 FATHER S NAME First	Middle Lost	IS MOTHER'S MAI	DEN NAME First	Middle		Last
	Robert	L. Diel		Elizabeth		M	uir
	160 WAS DECEASED EVER IN U.S. Yes, no. or unknown) (If yes	ARMED FORCES? 166 SOCIAL SECURIT	Y NO. 17. INFORMANT	-	Address		
	No No	577-03-	3382B Charles	Hayden Son,	Rockville	Md	
	Candit ons, if any, which g need to immediate cause stating the underlying co	(a). (b) L/ / (c)	of Careinon	a, brain, l	unga, live Ider	BETWEEN ONS	T ANO DEATH
1	RTIFICA	19b. CONDITION FOR WHICH OPERATION WAS	YES.X	NO 🔲 CAUSI	F YES, WERE FINDINGS (S OF THE P		TIFYING
	OR CONTRIBUTING (ALSE O	FOEATH HOUR AM Month Day Ye	or	PRRED (Enter nature of Inj	ury in Part 1 or Part 2,	Item 18)	
	While Nat while at work	218. PLACE OF INJURY (AT HOME FARM, STREET OFFICE BUILDING, FTC			y or Town	Caunty	State
	22a 1 certify that (1) saw the decease causes stated ab	(the head a) attended the deceded alive and colored (1) time (data) (did nat) view the	ised from JULY 14 19 <mark>00 , and that in (my</mark> e body after death	, 19 <u>52</u> , ta <u>.</u>) (6 6r) opinian death	occurred on the do	that (and have a	i) (%e) last nd from the
	22b. SIGNATURE 270. PHYSICIAN S	D Brill, n	DEGREE ATTENDING	DIRECTOR L	STAFF PHYS PHYS	DATE SIGNED	968
	NAME (Type) WAR	REN D. BRILL, M.D.	2601	16th St. N.	W. Was	h. D. C.	20009
	23a BUR AL, CREMATION, REMOVAL (Specify)	236 DATE 236 NAME C	F CEMETERY OR CREMATORY	23d .OCATI	ON (City or Town)	(County)	(State)
0	24 FUNERAL DIRECTOR	12/31/68 New C	thedral Cem.	Ba 250, REC D BY REGISTRAR	Itimore M	SIGNATURE	
W	Joseph Gawler!	s Sons, 5130 Wis.Av	e.NW.Wash.DC	JAN 3 190		Can Judge	2



¥ 1	It	ems 18&22a Film 408 MARYLAND STATE DEPARTMENT OF HEALTH 15-59 ars Division of VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	d W D a a
FOR STATE		17803 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	17814
HEALTH DEPT.	1 [DECEASED NAME (Type or Print) Single State Death Mared 18 - 18 Death Mared 18 Dea	2 1968 10 M
ment (3 5		Year 19 68 10 MM
oth Juy deloging ages 1, 2 and		BIRTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED OLVORGED MONTGOTHER	19 20 7 2 AM
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notil in property of property of phours of pho	160	Robert Hebron Me/Inda WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17, INFORMANT, ADDRESS	Payne
Ecomin Penci		Yes, no, ar unknown) (Hyes give war or dates at service) MAdeline Hawkins DAMA	scus ml.
This certificate should be executed with cate, writing the word "pending" in be be forwarded to the Chief Medical Exon I be used as a burial-transit permit. File or removal, and in any event within 72		18 CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c)) PART I DEATH WAS CAUSED BY- IMMEDIATE (AUSE (a) Rending/ Pulmonary emboli - Acute	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 1 hr ?
should be executed no word "pending" is the Chief Medical burial-transit permit.		Conditions, if any, which gave inse to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF Myocarditis, Acute & chronic	Weeks ?
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NER: This certificate standing the hould be forworded to life. Should be used os o button, or removal, and it	CERTIFICATION	190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY? YES X NO
E _ P 0	MEDICAL CER	21a. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING HOUR A.M. P.M. 19 21a. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING Port 1 or Part 2, Item P.M. 19	18.)
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☼ 등 등 ~~		22a. I certify that I taak charge of the remains described above, held an Autopsy . Inspection . Inquiry . Inquiry . Inquiry . Inspection . Undetermined manner	
pleose et director retoined		CHIEF MEDICAL EXAMINER	_
		EXAMINER'S DEPUTY MEDICAL EXAMINER 12/	12/68
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	~	_	11	MAKILAND STATE DEPARTMENT OF HEALTH
-				DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17815
3		•	-1	1 1 CERTIFICATE OF DEATH
Ų	نے	2 2	1 1	DECEASED-NAME First Middle Lost 20 DATE OF DEATH 25 HOUR
	nours after deoth	filled in by the funeral papers. Pages 1 and 2 thin 72 hours after death.		(Type or print) P. Th. Month Doy Year D (15 M
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	9	permit. Then		IB. CAUSE OF DEATH (Enter on y one cause per line for (a), (b), and (c))
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73	HYSICIA!	this certification	1 2	
13	1 4 8	this etc		While Not while of work of work
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2	SPITAL ZANA	2, 29 2, 29		NAME (Type) Merton J. White, M.D.
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	4)	-	24	FUNERAL DIRECTOR COLOR 1/250 RECISTRAR SIGNATURE ADDRESS S. S. M. 250 RECID BY REGISTRAR 250 RECIDENTAL ADDRESS S. S. S. M. 250 RECIDENTAL ADDRESS S. S
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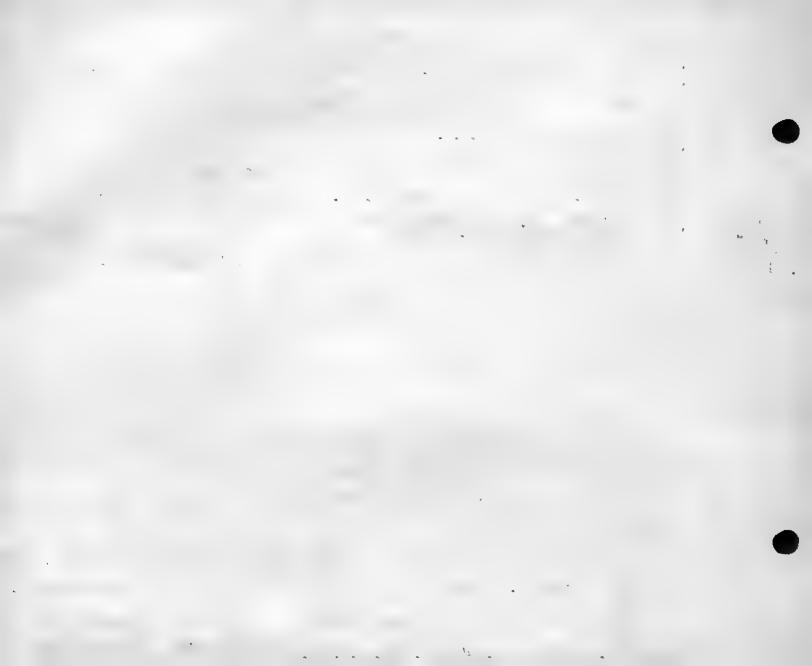
	1	MARTIAND STATE DEPARTMENT OF HEALTH
-11-	L	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
/	L	CERTIFICATE OF DEATH
4 -24 4 -24		ECFASED NAME First Middle Lost 2a. DATE OF DEATH Type ar print) 2b. HOUR Year 755
fler deoth. Funerol is I ond 2	L'	Type or print) Marcus B Hine 12 Month 10 Day 68 Year 1253
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ATENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death etained by the hospital or attending physician. CTOR: After this certificate has been signed by the attending physician and completely filled in the funeral should be detached for use as the burial-transit permit. Then please remove carban poperse pages I and is should be detached for use as the burial-transit permit. Then please remove carban poperse pages I and it is state Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 transis after death	10.	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in bosoita) 1120. USUAL OCCUPATION (Kind of work done / // 126 KIND OF RUSINESS OR
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ng plys		(es, no, or unknown) (If yes give wor or do'es of service) Med. Edna & Hina, 223 Cedae SWirLIC
a		18. CAUSE OF DEATH (Enter only one couse per line for (a) (b), and (c).) PART 1, DEATH WAS CAUSED BY: APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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The low reatending hos been se as the th prior to	l §	190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED / 20d. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
IDING PHYSICIAN: The low re by the hospital or attending After this certificate hos been be defached for use as the state Dept. of Health prior ta	CERTIFICAT	YES NO E CAUSES OF DEATH?
ate are	18	210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18.)
of Herical	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) P.M. 19
hosp cell che	¥	21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town County State
this this De De		The state of the s
by 1 free for		220. I certify that (1) (this haspital) ottended the deceased from, 1967, to, 1966, thotal) (we) to saw the deceased at ve on, 1968, and that in (ny) (our) opinion death occurred on the date and hour and from the couses stated above (1) (we) (did) (an not) view the body after death.
ed led led les She		saw the deceased alive on
Figure 1		22b. SIGNATURE 22c. DATE SIGNED
OR / De re DIREC e 3 s ed wi	L	DEGREE PHYS. DEGREE PHYS. DIRECTOR DIRE
	1	1724 PHYSICIANS 20 1220 ADDRESS SUITING CORTURE
SPITAL OR ATTENDING PHYSICIAL 4 may be retained by the hospital fERAL DIRECTOR: After this certific or, page 3 should be detached to id be filed wrt the State Dept. of H		NAMELTYPE) JAMES F. COLEMAN 9241 COLUMBIA BLUD MARYLAND.
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1	1		OF W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
\	Į.		RTIFICATE OF DEATH	17817
E Plan		DECEASED NAME First Middle (Type or print) GARCIA	HINEBAUGH 20 DATE OF DEATH 120 DATE OF DEATH 121 Month 23 Day 0	2b. HOUR a
	3. 5	FEMALE CAUS.		NDER 1 YEAR IF JINDER 24 HRS. THS DAYS HOURS M.N.
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sit permit. Then please remove carban nation, or removal, and in any event, with	30 3d	USUAL RESIDENCE (Where deceased leved, it institution Residence before [13]	KENSINGTON 13d INSIDE CITY UMITS? 13e. STREET AND NUMBER 9523 W. S.	tanhope Rd.
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/al, and	16	o. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, pp.8" unknown) (If yes give wor or dates of service) 217-18-49	17 INFORMANT Address 32 Helen McIntire Tensington,	′d.
ar remo		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c)) PART I. DEATH WAS CAUSED BY !MMEDIATE CAUSE (o)	that Facilies	APPROXIMATE INTERVAL BETWEEN DISSET AND DEATH LUCEL
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ta bur		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT IT	Theoubre'	
th prior	CERTIFICATION	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFO	YES NO CAUSES OF DEATH?	
of Heal	MEDICAL CE	TOR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Your [14]	21c HOW INJURY OCCURRED (Enter noture of injury in Post I or Post 2, Item	18.)
e Dept.		While Not while of work of work	P	ounty State
c: Arrier ald be c he Stat		220. I certify that (I) (this hospital) attended the deceased sow the deceased alive on 190 courses stated above, (I) (we) (did) (did not) view the box	from 19 (c.C., 19 , to Privace 7, 19 2), and that in (my) (our) opinion death occurred on the date of the start death	, that (I) (we) lost and hour and from the
3 shar with t		22b. SIGNATURE	BEGREE ATTENDING MED. STAFF 22c, DATE	SIGNED
IO FUNEKAL DIKECLOK: After fins certificate has been signed by the affecting physician and campletely ruled director, page 3 should be detached far use as the burial-transit permit. Then please remove carban pages should be filed with the State Dept. of Health priar to burial, crematian, ar removal, and in any event, within 72	/	22d. PHYSIC AN S NAME (Type)	22e. ADDRESS	
directal shauld	23:	DEMONAL (Same A)		County) (Stote)
R A15 (1)	X 24	FOWERAL DIRECTOR / ADDRESS	aryland DAT DEC 3 1 1968 Clark	



	DIVISION OF VITAL DECORDS 201 W RECETON STREET PAITIMORE MARVIAND 21001
73	A PARCO COME DIVISION OF THE RECORDS, SOF W. FRESTON STREET, BALTIMORE, MARTLAND 21201
	CERTIFICATE OF DEATH
# 12 mp	1 DECEASED NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR
Weral I and r death	(Type or print) Marguerite A. Holder December 5 1968 M
A fire Line	3 SEX 4 RACE S DATE OF BIRTH 6 AGE IN MAGES 1 REUNDER 1 YEAR 1 REUNDER 24 MRS
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and famplets remaye carl in any event,	14 FATHER'S NAME OBERT HOROMOTHER'S MA DEN NAME First Middle Brooks Harris
	Robart (Hoboove) xxx xxxxaac 9da
or stand	160 WAS DECEASED EVER IN U.S. ARMED FORCES? Young, or unknown) ("Type give wor or doins of service) 16b. SOCIAL SECURITY NO 17 INFORMANT Henry Holder 13, 814 Bosoobsood Dr. Rockwille ("Arverisa")
THE SERVICE THE	
he death cei attending p permit. The ian, ar rema Examina	18. CAUSE OF DEATH (Enter on y one cause per line for-(a), (b), and (c)) APPROX.MATE.INTERVA. BETWEEN ONSET AND DEATH
he death attendir permit. Ign, ar re	PART I DEATH WAS CAUSED BY CREEKE Placeday Infanction 19 1 127
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tha an. by by rran	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF
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the law requires that the attending physician. has been signed by the se as the burial-transit h priar ta burial, cremat with Medical.	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
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ND Sed It	22a. I certify that (I) (this haspital) attended the deceased from Clary, 1954, ta 1968, that (I) (we) last saw the deceased alive on 1968 and that in (my) (eur) epinian deoth occurred on the dote and haur and from the
a in Sa in the second s	causes stated above, (1) (we) (did) (did nat) view the bady after death.
OR ATTENION OR ATT	22b. SIGNATURE DEGREE ATTENDING MED. STAFF DECEMBER 5, 1968
ZAL SAL Pe f be 1	PAME (Type) Ralph 9. Patten 1407 Woodside Parkway Silver Sprina, Md.
TO HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the hospital or TO FUNERAL DIRECTOR: After this certificate directar, page 3 shauld be detached far us shauld be filed with the State Dept. of Healt	
O Ho Gage Share Share	230 BUR AL, CREMATION, REMINISTRATE 230 NAME OF CREMETERY OR CREMATORY 23d OCATION (City or Town) (County) (Stote) Parklawn Cemetery Rockville Montagomery. Md.
2 2 7	The state of the s
VR A S 744	
40M 1769	Warner E. Pumphrey Inc. 8434 Ga. Ave. S.S. Md. DATE UEC 12 1968 fcharles Judge



.1	4 20000		D STATE DEPARTMENT OF H 301 W. PRESTON STREET, BALTI		
		2, 3/ 90 tig	ERTIFICATE OF DEATH	IMURE, MARTLANU Z1ZU1	17819
ALE I	Item 1, birth cort	DATE ALLES	lost	2g. DATE OF DEATH	
	(Type or print) ONRAD First	CHRISTOPHER Middle	HOLSOMBACK	December 29	Yeor 68 1208 M
e 3	SEX	4 RACE	S. DATE OF BIRTH		1601 68 1208 M
	Male	Caucasian	November 30.		MONTHS DAYS HOURS MAN.
7		76. (MIZEN OF WHAT (OUNTRY?		9 COUNTY OF DEATH	1 13 59
ĺ	Bethesda, Md.	USA	WINNER WALKED WA		
-	D. CITY OR TOWN OF DEATH	THE MANE OF POSDITAL OR INC.	TIT ITION (II and in Assentate 12 - 112 III	Montgomery L OCCUPATION (Kind of work done	Md
7	Bethesda	give street address Naval	during ma	ps) of warking life, even if retired)	12b KiND OF BUSINESS OR INDUSTRY
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0	dm ss on) STAT Maryland	13b COUNTY			Tour
-	4 FATHER'S NAME FIRST	Middle Lost	1141140040	- III) Apponator	
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-	60 WAS DECEASED EVER IN U.S. ARME				massas, Va.
	Yes, na, or unknown) 1 tyes give wy	A N/A		Holsomback, 113 Ap	
F				TIOTROUNDECK, TTO WE	APPROXIMATE INTERVAL
	PART I. DEATH WAS CAUSED	one cause per line for (a), (b), and (c).) BY: Bilater	el stelestoria con		DETWEEN CAUSET THE OFTER.
	7769 IMMEDIAT		al atelectasis asso	ociated with prem	sturity
	Canditians, if ony, which gave	DUE TO, OR AS A CONSEQUENCE OF			
	rise to immediate cause (a).	(b)			
	stoling the underlying couse	DUE TO, OR AS A CONSEQUENCE OF			
		ITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE OR (ONDITION COVEN IN DART 1(-)	
	7675	INTONS COMMIDGING TO DENTIL BOT NO	I NEGATED TO THE TERMINAL DISEASE ON O	ONDESON GIVEN IN PART I(0)	
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H	2	The second secon	YES X NO	CAUSES OF DEATH?	MISIDERED HI CERTII THO
	210. ACCIDENT WAS UNDERLYING	216 TIME OF INJURY		nature of injury in Part 1 or Port 2, it	tem 181
	OR CONTRIBUTING CAUSE OF DEATH OF METERS OF DEATH OF THE O	HOUR AM Month Day Year	- The state of the	manage as injury in Fair Fair (all 2) II	
	21d. INJURY OCCURRED 21e P	ACE OF INJURY / AT HOME, FARM, STREET, FACT	ORY.) 21f. LOCATION Street or R.F.D. No.	City or Town	County State
	While Nat while at work	OFFICE BUILDING ETC	/	and as seen	400.11
П	22a. I certify that OK (this	haspital) attended the decease	1 from Nov . 30 19 6	8 to Dec. 2 19	68 that /IX (we) last
	saw the deceased aliv	ve on Dec. 2	from Nov. 30 , 19 6 8, and that in (My) (aur) apri	nian death accurred on the dat	e and haur and from the
н	causes stated abave,	(I) (we) (did) (ACKD6X) view the b	ady after death.		
	22b SIGNATURE	12 LCDR ME	ATTENDING M	ED STAFF 224 D	ATE SIGNED
	1	1 451		ED STAFF RECTOR PHYS.	
	22d PHYSICIAN'S NAME (Type) B. J.	Bortz, M.D.	22e ADDRESS	pital, Bethesda,	Maryland
-	1,200				
2	BO BURIA., (REMATION) 23b DA REMOVA (Specify) 3	T == (0)	EMETERY OR CREMATORY	23d LOCATION (City or Town)	(County) (State) Montgomery MI
7	Removal 3	ADDRESS	Medical School	NNMC, Bethesda,	
ľ	Comments of the state of the st	HODK[33	L.CEC	5 1900 INTI-	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 17820 Greenide 1. DECEASED-NAME Las1 First 2a. DATE OF DEATH 2b. HOUR (Type or print) Month 40 ARG-BRET HORTON 6 3 SEX 4 RACE 6. AGE (In years S. DATE OF BIRTH 1F JNOER 1 YEAR IF LINDER 24 HRS prior to buriol, cremation, or removal, and in ony event, within 72 hours after last birthday) MONTHS 73445 HOURS Whit 11-6-87 YRS 8malt 24 hours 7a. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED T NEVER MARRIED T country) Brown beer USA WIDOWED 🔽 DIVORCED [INDIANA 120. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR CONV CENTER during grast of warking life, evend retired NOUSTRY give street address) SPRING. CHEVY CHASE 130 USDAL RESIDENCE (Where deceased lived, if institution, Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIM TS? 13e STREET AND NUMBER requires that the death certificate be executed admission) STATE 13b COUNTY Colesville Road attending physicion and composemit. Then please remove SILVER SORING MON MOMER First Middle IS. MOTHER'S MAIDEN NAME First 14. FATHER'S NAME Middle PETER Dugan GREEL MARGINRET 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17. INFORMANT Yes, no, or ppknown) (if yes give war or dates of service) 579-60-6719T 18. CAUSE OF DEATH (Enter only one cause per line jes (a) (b), and (c) BETWEEN DINSET AND GEAT PART 1. DEATH WAS CAUSED BY: permit. IMMEDIATE CAUSE (n) signed by the buriol-transit p Conditions, if any which gove) rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the hospital or ottending physician. stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1603 FUNERAL DIRECTOR: After this certificate has been irector, page 3 should be detached far use as the 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO X director, page 3 should be detached far use should be filed with the State Dept. of Health p YES 🗀 21o. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) 216. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year P.M. (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Nat while at wark 220. I certify that (1) (this hospital) attended the deceased from 20-2-1968, and that in (1944) opinion death occurred on the date and hour and from the saw the deceased olive an Alle & causes stated above. (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATUR 22c. DATE.SIGNED ATTENDING DIRECTOR PHYS PHYSICIAN'S 22e. ADDRESS NAME (Type) NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) 23g BUR AL CREMATION. (County) REMOVAL (Specify) 0 12 8 196 Washington 2474 DDRESSORAIA Avenue REC'D BY REGISTRAR 25b. REGISTRAR S SIGNATURE Silver Spring. ywaphrey. DATEDEC 30M REV. 1/68



	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH 17821	
HEALTH DEPT.	(Turns of Print)	b. HOUR
2 p p to	DEATH MATERIX Dec. 8 19 681	.0001
and 3 to	SEX 4 RACE S DATE OF BIRTH 6 AGE in years F-NORET YEAR IF UNDER 24 HPS 2c DATE PRONOUNCED DEAD 2	d HOUR
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be executed within "pending" in pencil ref Medical Examine ansit permit. File page event within 72 here	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) PART I DEATH WAS CAUSED BY IMMEDIATE CALSE (o) Cerebral lacerations associated with multi-le	RVAL) OEATH
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Z a & E E	21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No (ify or Town County factory, affice building, etc.)	State
L EXA ecute Page ar yau R: Pag	WHILE NOT WHILE AT WORK AT WORK AT WORK Street 4 or 5 miles south Fredricksburg on Route	e 17
JICAL EXAMINER: e execute the certificator Page 4 should had for your files. ECTOR: Page 3 should have all creation.	22a. I certify that I took charge of the remains described above, held an Autopsy 🔀 Inspection 🖾, Inquiry 📈 and in my	opinian
Solicion of the control of the contr	deoth resulted from: Natural couses, Accident, Suicide, Homicide, Undetermined monner	
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necessal the func 5 may t 10 funci		91
± ×	Woodlawn Cemetery Houston Texas	
VR A15ME (5)	14. YUNERAL DIRECTOR W. W. Chambers Co. ADDRESS 250 RECD BY REGISTRAR 250 REG. STRAR'S SIGNATURE 1400 Chapin St., N. W. Washington, D. C. Date DEC 20 1968 Charles Judge	

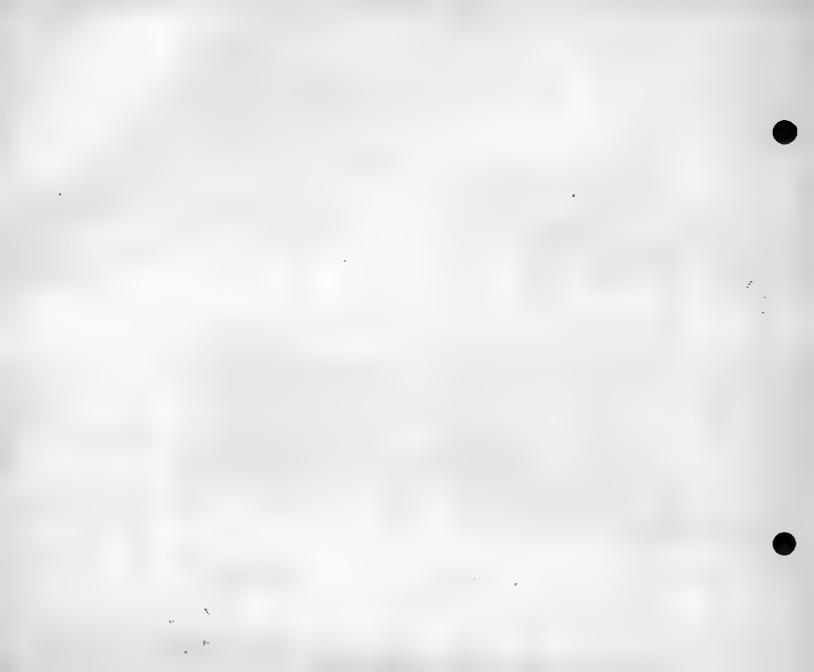
MAKTLAND STATE DEPAKTMENT OF HEALTH



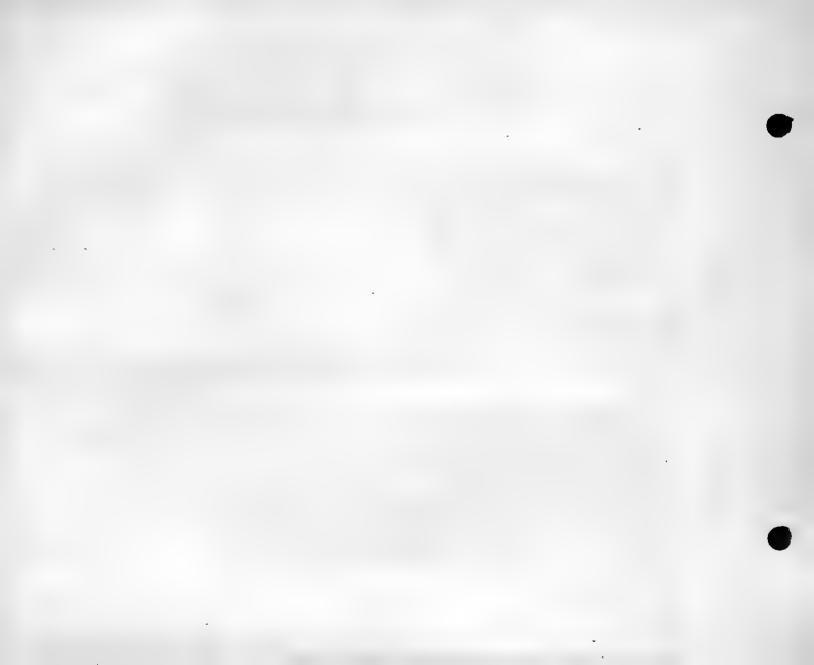
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		4 DOX 3	DIVISION OF VITAL	•	-	LTIMORE, MARYLAND 21201		
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haurs after death	COUI	IRTHPLACE (Stote or foreign	76 CIT ZEN OF WHAT COU		MARRIED NEVER MARRIED	9. COUNTY OF DEATH?		
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TENDING PHYSICIAN: The law requires that the death certificate by exercted wined by the haspital or attending physician. OR: After this certificate has been signed by the attending physicion and camplete auld be detached far use as the burial transit permit. Then please tamere carb the State Dept. at Health priar to burial, cremation, ar remayal, and in any event,			and an alast constant	-07-531	000	(100000		
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ENI Pred The		rauses stated ahav	e, (I) (we) (did) (did no	at) view the bod	zz, ond morni (my) pzorj o v ofter death.	pinion deoin occurred on the d	יוו פווט וטטו פווט פוטו	ant me
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RAIL P		NAME (Type)	U		224.14	1		
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached far use as the burial transhauld be filed with the State Dept. af Health priar ta burial, cre	236	BURIAL CREMATION, 235	DATE .	23c NAME OF CEM	ETERY OR CREMATORY	23d LOCATION (City or Town)	(Country) // (Stot)	4
Sho Sho	230	REMOVAL (Specify)	Jec 21-19/1	and the contract of the contra	THE EXCENSION OF THE		(Sibil	11
5 5	24	UNERAL DIRECTOR	1 1 100	ADDRESS	hora Conto	BY REGISTRAN 25b. REGISTRAN	S SIGNATURE	7:
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FOR STATE	J.	17323
HEALTH DEPT.		DECEASED NAME 2a DATE KNOWN Month Doy Year 2b HOU (Type or Pnnt) DEATH MATED 12-20 162 172 172 172 173 174 175 175 175 175 175 175 175
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rs after 18. Give along 12 with		USUAL RESIDENCE (Whyse deceased lyad, if institution Residence before 13c CTTY OR TOWN 13d Misine CTY LIMITS? 13e. STREET AND NUMBER 15D. COUNTY 15D.
	L	FATHER'S NAME Hirst Middle Hubbard 15. MOTHER'S MAIDEN NAME First Made (?) Lost
within 24 pencil in xominer's ilepages 72 haurs		WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS ADDRESS ADDRESS ADDRESS APPLICATION OF INFORMANT 1721 VARY R. FRINGAL 1721 VARY R. FRINGAL
ecuted ing" in sdical E ermit. F		CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) PART I DEATH WAS CAUSED BY- IMMEDIATE CAUSE (a) Conflagration burns, 2nd and 3rd degree, DUE TO, OR AS A CONSEQUENCE OF
should be exite ward "pendia the Chief Me burial-transit p		Conditions if any, which gove rise to immediate cause (a), stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF
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N ® & ± ₩ E	MEDICAL	CALSE OF DEATH 21d INJURY OCCURRED WHILE WATER WATER AND WHILE AT WORK AT WO
CALE) executor. Pograf dar y TOR: Purial,		22a. I certify that I taak charge of the remains described above, held an Autopsy I Inspection Inquiry and in my apinic death resulted lang. Natural causes , Accident , Suicide , Hamicide , Undetermined manner
TY DICA y, please e: sral director.		ACTUAL SIGNATURE Delen Scholar ASSISTANT MEDICAL EXAMINER 22b. DATE SIGNED
necessary, is the funeral 5 may be r 10 FUNERAL Health price		EXAMINER'S NAME (Type) Totan P. Tota, To Dec. 31, 1968
0 5 ± 2 0 x	(BURNAL (REMATION), 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d OCATION (City or Town) (Sounty) (State) REMOVAL (Specify) R
VR ATSME (S)	24	JUNERAL DIRECTOR ADDRESS ADD



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- /		T 1 (3 7 m)	ERTIFICATE OF DEATH	17824
5 24		DECEASED-NAME First Middle	Lost 2a. DATE OF DEATH	2b. HOUR
en de le control	(Type or print) Frank L.	Junger-Aord Description	1968 1/AN
21 15 4 E	3. 5		S. DATE OF BIRTH 6. AGE (In years	IF UNDER 1 YEAR F UNDER 24 HRS.
· · · · · · · · · · · · · · · · · · ·	ш	MAIE White	1-13-00 last burthday) YRS	MONTHS DAYS HOURS MIN
ors bar	70	BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY?		
TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death ined by the hospital or attending physician. 3R. After this certificate has been signed by the attending physician and completely filled in by the centeral audid be detached for use as the burial-transit permit. Then please remove carban papers. Pages than the State Dept. of Mealth miar to Burial, cremation, or removal, and in any event, within 72 hours after death.	(OU	nebraska U.S.A.	8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED 9. COUNTY OF DEATH	
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t ses t		lest. Mocclusion	of right pulmonary artery.	- L W -
equires that the physician. Signed by the burial-transit urial, cremail	П	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT		
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FOR STATE	1	/15/69 kk DIVISION OF WHAT RECORDS, 301 W. PRESION STREET, BALTIMORE, MARTLAND 21201	17825
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VR ALSON ISL	24	FUNERAL DIRECTOR Robert A. Pumphreyodress 7557-Wisconsin Ave., Bethesda, Md. DATE NO. 1969 256, PAGISTRAR SAME DATE OF THE PROPERTY OF THE PRO	Judge



		em7 FilmGLO7 MARYLAND STATE DEPARTMENT OF HEALTH
FOR CTATE	12	/16/68 kir DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	1.0	MEDICAL EXAMINER'S CERTIFICATE OF DEATH CEASED-NAME First Middle Lost To DATE KNOWN TO Month Cov. Year To House
***************************************		(ype or Print) Joseph Honkins Hurley
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 7827 DECEASED NAME Middle Lost 2n DATE OF DEATH cion and completely filled in by the funeral lease remove carban papers. Pages 1 and 2 and n ony event, within 72 hours after death. excuted within 24 hours after death. (Type or print) DECEM 3 SEX 4 RACE S DATE OF BIRTH 6 AGF (In years EUNDER 1 YEAR last birthday) MUMIHS 7a BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8 MARRIED [NEVER MARRIED WIDOWED Y DIVORCED 10 CITY OR TOWN OF WEATH 11 NAME OF HOSPITA, OR INSTITUTION (finet in hospital 120. USUAL OCCUPATION (Kind of Jwork done NEND OF BUSINESS OR during mast of working life, even if retired. YURSING HOME 13e STREET AND NUMBER (Where deceased lived, if instituting Residence before RC CTY OR TOWN 13d INS DE CITY LIMITS? YES X NO [4 FATHER'S NAME M ddle IS MOTHER SCHALDEN NAME FIRST Last Edward safe be Moss Ring Margaret Schiesbury 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ANFORMANT 16b SOCTAL SECURITY NO Address Yes, no ar unknown) [If yes give war or dates of service] signed by the ottending physical buriol, crematian, or removal, Spring Drive. John G. requires that the death certific 18 CAUSE OF DEATH (Enter only one cause per line factor) (b), and (c).) PART I, DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Canditions, if any, which gave) rise ta immediate cause (a). TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Pag≡ 4 moy be retoine』 by the hospitaf or offending physician. stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF PART 2. OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA, D SEASE OR CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detoched far use as the behald be filed with the State Dept of Heolth priar to lead to the state of the other prior to be a state of the state of the other prior to lead to the state of the other prior to lead to the state of the other prior to lead to the state of the other prior to lead to the state of the other prior to the state of the other prior to the state of the other prior to the state of the CERTIF CATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o, AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES T NO RK 21a ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (Enter nature of njury in Port 1 or Part 2, Item 18) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF CEATH HOUR A.M Month Day Year (If either, natify medical examiner) P.M. 21d NURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Nat while at work 22a. I certify that (I) (this haspital) attended the decrased from... saw the deceased alive onand that in (my) (our) opinion death accurred on the date and hour and from the couses stated above, (1) (we) (did) (did not) view the body after death. 225 SIGNATURE 22c DATE SIGNED ATTENDING DEGREE DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS 230 BURIAL, CREMATION, 235 DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) PEMOVAL (Spey fy) 1-2-1969 Baltimore National Cenet. Baltimore, Maryland ADDRESS il Som 2Sa RECD BY REGISTRAR 2Sb 1969 Pumphrey. Inc. 8434 Georgia Avenue



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17837 CERTIFICATE OF DEATH I. DECEASED-NAME Eirst Middle Last 20. DATE OF DEATH 2b. HOUR (Type or print) Oliver John December 3 SEX 4 RACE S DATE OF BIRTH 6 AGE (In years last_birthday) Male Caucasian April 2 1892 within 24 hours 70 BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? country 8. MARRIED WEVER MARRIED 9. COUNTY OF DEATH purial-transit permit—then please remove corbon papers. burial, cremation, or removal, and in any event, within 72 h DIVORCED [10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR we street address) General Hodpital Buchenist, even it ret rate) Olney 130 USUAL RES DENCE (Where deceased lived, if institution Residence before 13c City OR TOWN (130 DSDAL STATEMaryland 13d INSIDE CITY LAN TS? 13e STREET AND NUMBER 13h county ontgomery Silver Spring 3567 Leisure World Bled 14 FATHERS NAME First Last 15 MOTHER'S MAIDEN NAME First pup George Sarah Elizabeth Chapman requires that the death certificate 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Ab SOCIAL SECURITY NO 17 INFORMANT 3563 Alderwe World Blud Yes, no. pr unknown) 215-38-6461 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if airy, which gave) Coronary r se to immediate couse (a), stoting the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) for use as the t f Health prior tab has been 19a DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES -NO | Page 4 may be retained by the hospital or TO FUNERAL DIRECTOR: After this certificate 210 ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18) OR ATTENDING PHYSICIAN: 216 TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M Month Day Year (It either, natify medical exominer) 21d. INJURY OCCURRED 218. PLACE OF INJURY (AT HOME, FARM, STREFT FACTORY,) 21f LOCATION Street or R.F.D. No. City or Town County Stote While Not while of work causes stated above, (1) (we) (did) (did not) view the body after death. 22b SIGNATURE 22c DATE SIGNED ATTENDING director, page 3 should be filed v DEGREE DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS eora 1631 23a BURIAL, CREMATION 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) REMOVAL (Specify) Baltimore National Cem. Baltimore. Maryland 8434ADORESTATA Ave. 2Sa. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATUR Pumphrey. Inc. Silver Spring.



MAKYLAND STATE DEPARTMENT OF HEALTH



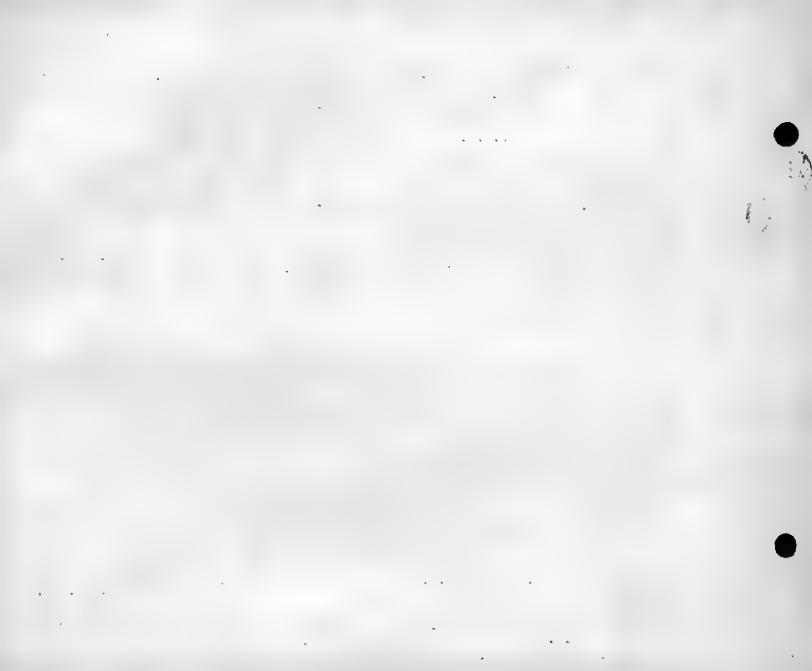
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IAN: The tal or off ficote ho for use for use feelth p		210 ACCIDENT WAS UNDERLYING OF CONTRIBUTING TO CAUSE OF DEAT		21c HOW INJURY OCCURRED	(Enter nature of injury in Part 1 ar Par	t 2, Item 18.)
DING PHYSICL by the hospitc After this cert fi be detached f State Dept. of	MEDICAL	(If either, natify medical exami		19	D No City or Town	Caunty State
IDING J by th After the de		220. I certify that (I) (the saw the deceased a	is hospital) oftended the decea live on (1) (we) (did not) view the	. 19 🤐 리, and that in (mv) (our	19 <u>6</u> 2, to <u>13</u> /1, r) opinian death occurred on the	19 2, that (1) (we) last added and have and from the
OR ATTEND De retoined NIRECTOR: A S should sed with the S		226 SIGNATURE COLONIA	X Inkin	MD DEGREE PHYS	MED STAFF DIRECTOR D PHYS	22c DATE SIGNED /2 /2 /1 7/6 2
Page 4 may be retained O FUNERAL DIRECTOR: director, page 3 should should be filed with the		22d. PHYSICIAN'S NAME (Type)		22e ADDRESS 2309	SHREFILDRO	WHEADAMO
TO HOSPITAL Page 4 moy TO FUNERAL director, pog should be fil	E	BURIAL, CREMATION, 23b REMOVAL (Specify).	DATE 23c NAME O 2-121-68 GATES		23d LOCAT ON (City or Town) ASPEN Hill	Monty Md.
VR A 3VA 3	24	FRANKAL DIRECTOR	/mowder_ &	ockoelle 250 RI DATE	DEC 2 7 1968 FEGISIRAR	Lioney Judge



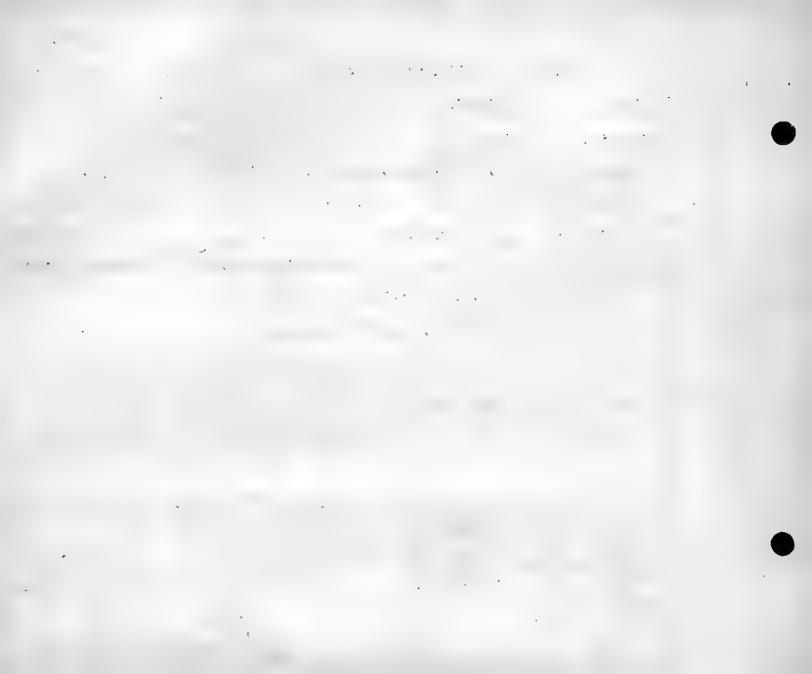
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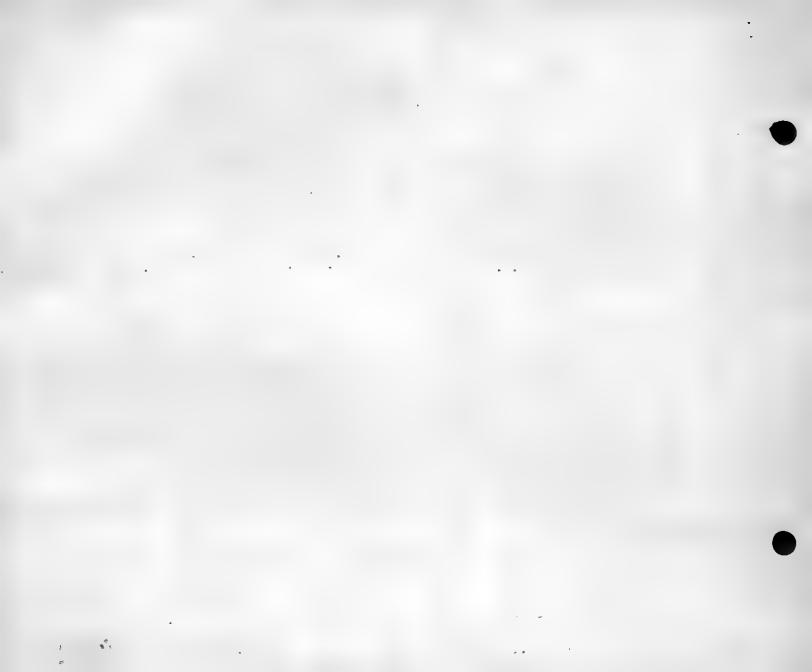
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FOR STATE	12	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	833
HEALTH DEPT.	1 D	ECEASED NAME First Middle Last 2a DATE KNOWN Month D	Day Year 2b HOUR
af age	_ (Type or Print) ROBERT DANIEL JONES OF EST. DEATH MATED 12-1	- 168 5 AM
ny delay is 2, and 3 ta PM3 Page partment af	3 5	lost buthday) MONTHS DAYS HOURS MAN	2d HOUR
PM3		Male White 7-3-12 56 yrs. 12 12	- Year 19 68 54 M
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s af 18. s alc dea dea	0	dmission) STATE Md. 13b COUNTY Mont. 5.S. YES X NO 22 2029 Hanover	St.
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2 Can N. N		Frank O'Donaghue	Rooney
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xecuted will nding" in de Medical Extra permit: File it within 72		18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) PART DEATH WAS (AUSED BY PART DEATH WAS (AUSED BY IMMYDIATE (AUSE (a)) Acute coronary occlusion	BETWEEN ONSET AND DEATH
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shauld be e ne ward "per ra the Chief ! burral-transit		[last. (c)	
ICAL EXAMINER: This certificate shauld be executed with execute the certificate, writing the ward "pending" in perare. Page 4 shauld be farwarded to the Chief Medical Extra for your files. CTOR: Page 3 should be used as a bunal-transit permit. File burial, crematian, ar removal, and in any event within 72		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
trfica itting arder d as	NO	190. DATE OF OPERATION 195 CONDITION FOR WHICH OPERATION	20. AUTOPSY?
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bical Examiner: lease execute the cert directar. Page 4 shaule stained far your files. Director: Page 3 shou	1	WHILE NOT WHILE Tactary, affice building, etc.)	
VI E Xecu Par far OR: F		22o. I certify that I took charge of the remains described above held on Autopsy 💢 Inspection 💢 Inquiry 🔀	ond in my apinian
bica director. director. DIRECTO		death resulted function. Natural causes 🕱 Accident 🕽 Suicide 🗋 Hamicide 🔲 Undetermined manner	3
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TO DEPUT necessary the funer 5 may be 10 FUNER/	230	BURIAL CREMATION, 236 DATE 236 NAME OF CEMETERY OR CREMATORY 23d .OCATION (City or Town)	(Stote)
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TOM REV 1/68	1 Wk	rner E. Pumphrey, Inc. 8434 Georgia Avenue DATE	-



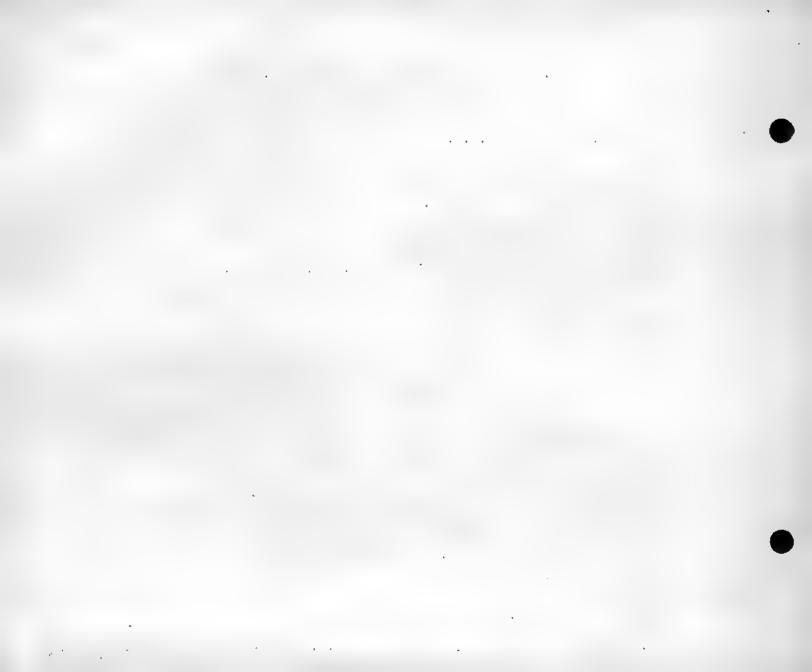
MARYLAND STATE DEPARTMENT OF HEALTH



	MARYLAND STATE DEPARTMENT OF HEALTH
EOD STATE	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 APRIL 17835 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.	1 DECEASED-NAME First Middle Last 2a. DATE KNOWN Month Day Year 2b. HOLE
	(Type or Print) Solomon M Kaufman DEATH MATED 12-8 168 12:2
r death hy delay is ve Pages 1, 2, and 3 to 3 with farm PM3. Page the State Department of	3 SEX 4 RACE S DATE OF BIRTH 6. AGE (n years of budder 1 year of budder 24 Hrs.) 2c DATE PRONOUNCED DEAD 72-3-96 72 WAS WAN MONTHS DAYS HOURS WIN MONTH 1 2 Day 8 Year 19 68
s i, 2, drm Pl	70 BIRTHPLACE (Stote or foreign tountry? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH WIDOWED NEVER MARRIED 10 COUNTY OF DEATH WIDOWED 10 COUNTY OF DEAT
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with death.	13d USUAL RESIDENCE (Where deceosed lived, if institution Residence before 13c City OR TOWN 13d MISOE City UM 157 13e STREET AND NUMBER odm ssion) ***STATE or 3nd 13b. COUNTY SILVER Spring VES No 415 Silver Spring Ve
24 bring in fem I r's Office I sand Z	14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost VolfKaufman Diane XXXXX
s within 24 in pencil in Examiner's File pages in 72 haurs	160 WAS DECEASED EVER IN U.S ARMED FORCES? (Yes. qo. grunknown) (Yes. qo. grunknown) (W. W. 7 (W. W. 7 (W. W. 7) (W. W. W. 7) (W. W. W. 7) (W. W. 7) (W. W. W. 7) (W. W. W. 7) (W. W. W
shauld be executed e word "pending" in the Chief Medical E: urial-transit permit. F in any event within	18. CAUSE OF DEATH (Enter only one cause per line for UP 1b) and COPPART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Canditions, if dry, which gave rise to immediate cause (o), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
e, e fair	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES \(\sqrt{2}\) NO 21a EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of minury in Part 1 or Part 2, Hern 18.1)
d be left to a	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19
XAMII ti≡ the ge 4 s your f your f crema	The state of the s
please exertal director. Pretained far retained far rior to buria	22a. I certify that took charge of the remains described above, held an Autapsy, Inspection X, Inquiry X, and in my opin of death resulted from: Natural causes X, Accident Suicide, Homicide, Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER 22b DATE SIGNED
DEPU cessar e fune may b FUNES	EXAMINER'S BELDEN LA PLANCESSETGE TO TOUGH LOUND STOUGH LOUND STOUGHT LO
5 = = 2 = 1	230 BUR AL CREMAT ON, 236 DATE 236 NAME OF CEMETERY OF REMATORY 231 LOCATION (City or Town) (Codity) (State) REMOVAL (Specify) 12-10-68 HAR ZION TIFERETH ISRAEL ROSEDALE, MARYLAND
VR A15ME (1)	24 FUNERAL DIRECTOR ADDRESS SOL LEVINSON & BROS., 6010 REISTERSTOWN ROAD ADDRESS DATE DEC 1 0 1968 Cliarles Judge



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 7836 DECEASED NAME First Middle Lost deoth. 20. DATE OF DEATH 2b HOUR (Type or pnnt) Month KEARNEY. JR. HARRY 3. SEX A PACE S DATE OF BIRTH 6. AGE (In veors IF UNDER 1 YEAR IF UNDER 24 HR Male Caucasian May 20, 1903 lost bighday) HOURS 70 BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 8 MARRIED (X) NEVER MARRIED 9. COUNTY OF DEATH country) U.S.A. WIBOWED [DIVORCED [Montgomery Wash. DC 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b, KIND OF BUSINESS OR give street oddress) Suburban Hospital during most of working life, even if retired.)
Ret-Auto Dealer physician and campletely fee please remove carbon buriol, cremation, or removal, and in any event, wit Bethesda Auto 13a. USJAL RESIDENCE (Where deceased lived, if institution. Residence before 13c CITY OR TOWN requires that the death certificate be executed 13d INSIDE CITY JM TS? 13e STREET AND NUMBER odmission) STATE 13b. COUNTY YES 3 Bethesda 0315 Montrose Avenue Monte 14 FATHER'S NAME Middle IS MOTHER'S MAIDEN NAME First Lost Last Harry Kearnev Ida Awkard 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOC AL SECURITY NO 17 INFORMANT Address Yes, na, ar unknown) (if yes give war or dates of service) 578-05-6358 Harry Kearney, III. Same APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one couse per for (a) (b), and (c) BETWEEN ONSIT AND DEATH PART I DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove) fronsit rise to immediate couse (o). signed by 1 buriol frans DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause PART 2 OTHER AUDITIONS CONTRIBUTIONS OF DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) be detoched for use as the State Dept. of Health prior to hos been 190. DATE OF OFERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES IV NO T TO FUNERAL DIRECTOR: After this certificate 210. ACCIDENT WAS UNDERLYING ATTENDING PHYSICIAN: 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part), Item 18.) OR CONTR BUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, natify medical examiner) P.M. 21d INJURY OCCURRED 21e. PLACE OF INJURY / AT HOME, FARM, STREET FACTORY) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Not while at work 220. I certify that (I) (this hespital) attended the deceased from 1964, and that in (pf) (our) opinion deoth accurred on the date and hour and from the sow the deceased alive an_ be retoined director, page 3 should should be filed with the couses stated above, (i) (we) (did) (ald not) view the body after doth 22c DATE SIGNED PHYS. DIRECTOR 22d PHYSKIAN'S 22e_ADDRESS 23a BURIAL CREMATION. 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) Burial Specify) 12/31/68 Cedra Hill Cemetery Suitland. Md. 24 FUNERAL DIRECTOR BY REGISTRAR 256 REGISTRAR'S SIGNATUR Jos. Gawler's Sons, 5130 Wis. Ave. NW, Wash., D.C.



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1 DECEASED-NAME First M.ddie 20 DATE KNOWN Month 2b HOUR Year delay 1, nd 3 ta (Type or Print) EST 68 B: 30 P HOWARD KEITH MATITIE DEATH MATED IF JNDER 1 YEAR IF UNDER 24 HRS 3 SEX 4 RACE S. DATE OF BIRTH 6 AGE (In years 2c DATE PRONQUINCED DEAD 2d HOUR by birthday) Male White 9-1-12 YRS 7a BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? MARRIED THEVER MARRIED 9. COUNTY OF DEATH De form WIDOWED [DIVORCED Pages Maryland United States Montgomery 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPAT ON (Kind of work done 26 KIND OF BUSINESS OR Fontgomery General Hospital during most of working life, even if retired)
Electrician INDUSTRY Onev Electrical 130 USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER YES NO D in Item 18. Monrovia the certificate, writing the ward "pending" in pencil in Item 1 I should be farwarded to the Chief Medical Examiner's Office after puo 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME First Turner Keith Fannie hours Burdette 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT ADDRESS (Yes, na, ar unknawn) 214-18-5768 Admission Recd. Montgomery Gen. Hospital. Olne File VALS. within 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) event DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, fany, which gave rise to immediate couse (o). any shauld DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse Ξ and tertificate PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) 8 removal CERTIFICATION 19a. DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 210 EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day, Year shauld PRIMARY TOR CONTRIBUTING HOUR A M crematian, CAUSE OF DEATH P.M 21d INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f LOCATION Street or RFD No. City or Town County State factory, affice building, etc.) WHILE NOT WHILE AT WORK 22a. I certify that Hook charge of the remains described above, held an Autopsy Inspection and in my opinian death resulted from Natural causes Accident / Suicide Homicide Undétermined monner CHIEF MEDICAL EXAMINER **ACTUAL** may be re FUNERAL I 22b DATE SIGNED ASSISTANT MEDICAL EXAMINER the funeral SIGNATURE **EXAMINER'S** 5 may 70 FUNE Health ABODE SS STEED ALL JOWN OF COUNTY) NAME (Type 230 BURIAL, CREMATION DATE NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) REMOVAL (Specify) 4.1968 St. Michael's Poplar Springs. 24. FUNERAL DIRECTOR 2Sa REC'D BY REGISTRAR 2Sb REG STRAR S SIGNATURE Olin L. Molesworth. Damascus. Md. DATE DEC 5 VR A15ME (5) y Cleaning Judge IGM REV 1.

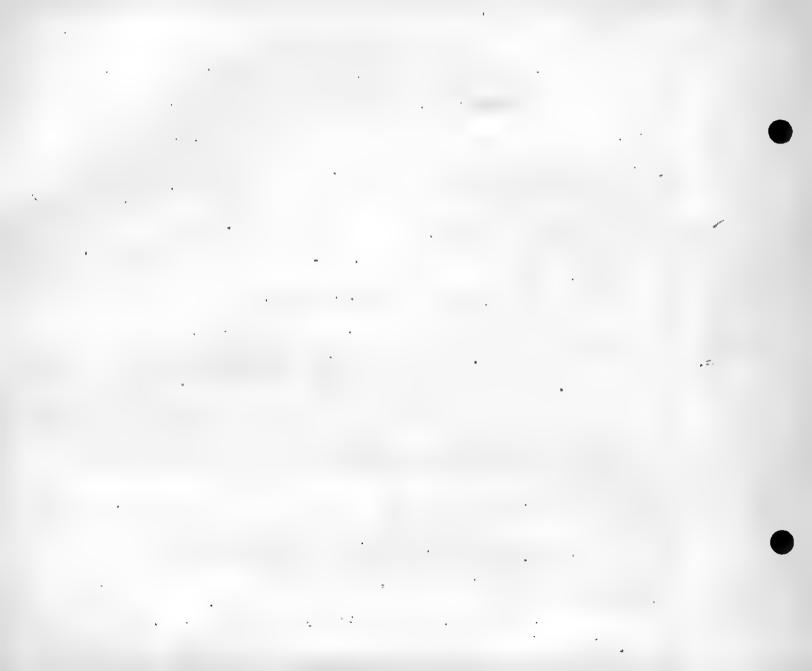
MARYLAND STATE DEPARTMENT OF HEALTH



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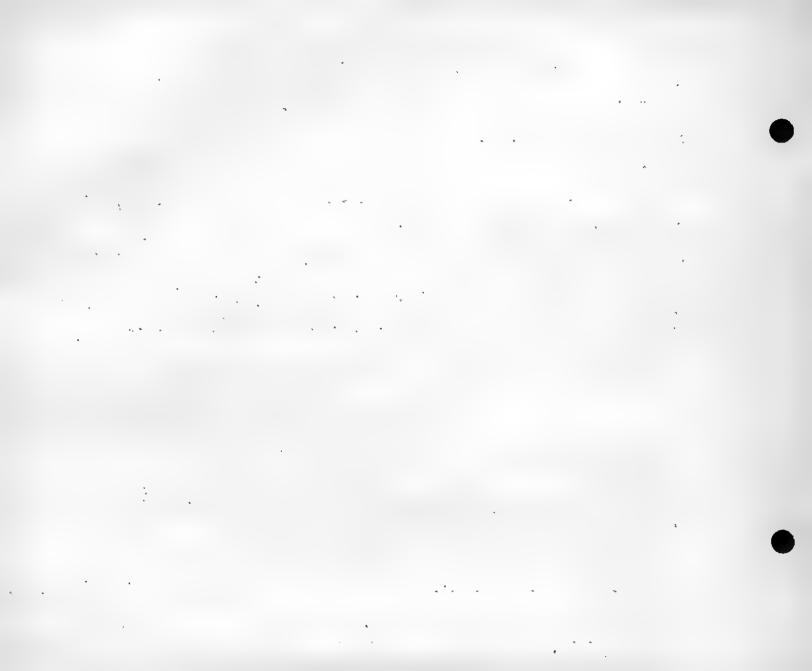
- Alleria		17833/	DIVISION OF VITAL RECORDS	, 301 W. PRESTON STREET	r, BALTIMORE, MARYLAND 212	
r-		Mary die	8	CERTIFICATE OF DE	ATH	17839
£ 2 =		CEASED NAME First	Middle	Last	20 DATE OF DEATH	25 HOUR
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E TELLE	3 SI	X	4 RACE	5. DATE OF BIRTH	6. AGE (In year last birthday)	FS HE JINDER 1 YEAR IF UNDER 2 HRS. MONTHS DAYS HOURS MIN
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aurs PP		BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
d in pers. 72 h	CODI	Kussi4	USA	WIDOWED DIVORCED	Montgon	C. Play Md.
executed within 24 haurs, riter-badh, campletely filled in by the universal move carban papers. Pages 1 and 2 any event, within 72 haurs after death.	10. (ITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR I	NSTITUTION (If not in haspital	12a USUM OCCUPATION (Kind of work	done 126 KIND OF BUSINESS OR INDUSTRY
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ie death certifi attending phy permit. Then ion, ar remova		18. CAUSE OF DEATH (Enter on	ty ane cause per line for (a), (b), and (().)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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YSICIAN: aspital ar certificate hed far u	MEDICAL	(If either, notify medical examinated INJURY OCCURRED 21e	DEACE OF INITIDY AND HOME FARM STREET	ACTORY \ 216 LOCATION Second or	R.F.D. No City or Tawn	Caunty State
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AL CO L	1	22d PHYSICIAN'S NAME (Type) HEN1	RY R. WOLF M	1 228. MUDICESS	0 () CC N/A 2-0
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VR A15 (4)	24/	FUNERAL DIRECTOR	h, + Sus 7001 140R	St 1. w. Wach 250		STRAR S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH



MAKTLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17840 CERTIFICATE OF DEATH I. DECEASED NAME reges 1 and 2 rs after death. First Middle Last 20. DATE OF DEATH 24 hours after death funeral (Type or pant) arreu SIMAR 3 SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years OF JAIDER 1 YEAR IF UNDER 24 HRS. last birthday) MONTHS ! DAYS HOURS YRS. 7a BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH ant gamery ISSOULT 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital burial, crematian, ar remaval, and in any event, within 10. CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR during mast of working life feven is retired. builder and completely attending physician and completely sermit. Then please remave carbo 10h 13a USUAL RESIDENCE (Where deceased lived, if institution Residence before 3d INSIDE CHTY LIMITS? 13e STREET AND NUMBER requires that the death certificate be executed 13b COUNTY YES Z NOT IS. MOTHER S MAIDEN NAME First 14. FATHER'S NAME Middle Unknown 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Yes, no er unknawn) (It was give war or dates of service) Jackson APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) BETWEEN ONSET AND GEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) permit. DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Canditians, if any, which gave) nse to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) Page 4 may be retained by the haspital ar attending far use as the prior to 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19g. DATE OF OPERATION 20a AUTOPSY? SDU CAUSES OF DEATH? YES [NO 🗷 director, page 3 should be detached for use should be filed with the State Dept of Health O FUNERAL DIRECTOR: After this certificate 2) a. ACCIDENT WAS UNDERLYING 1215. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Manth Day Year P.M. (If either, natify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County Stote While Not while et wark HOSPITAL OR ATTENDING 22a. I certify that (I) (this haspital) attended the deceased from June 3., 1946, ta 1965, that (I) (we) last saw the deceased alive an 1965, and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated abave, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED DIRECTOR PHYS 22d PHYSICIAN 22e. ADDRESS NAME (Type Jardro 23c. NAME OF CEMETERY OR CREMATORY 23b DATE 23d LOCATION (City or Town) 23o BURIAL, CREMATION (County) (State) Parklawn Cemetery 12-6-1968 Rockville ADDRESS LL. Spr. Md 250 REC'D BY REGISTRAR VR A15(4) DADEC 6 1968 30M REV_1/68 Inc. 8434 Georgia Adenue Pumphrey.





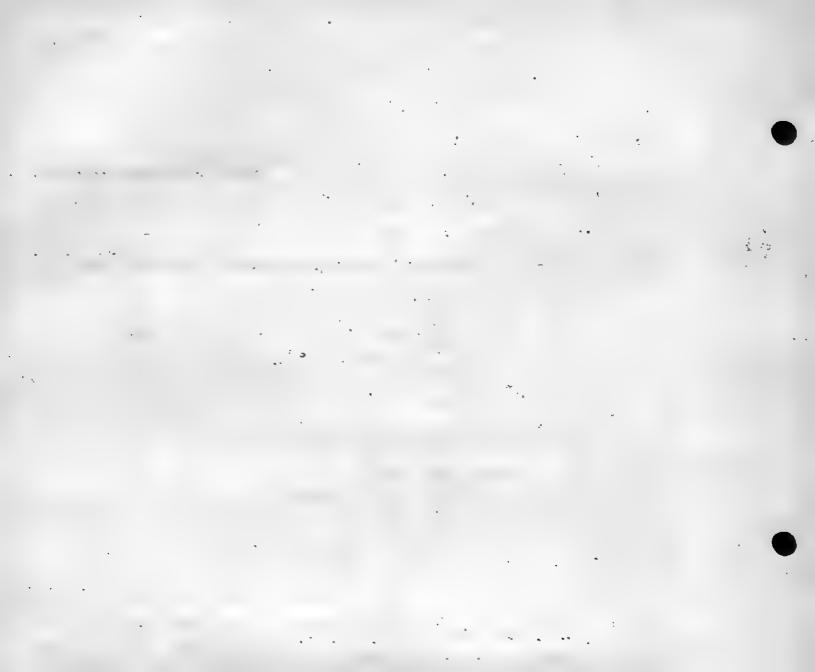
, _	MARTLAND STATE DEPARTMENT OF HEALTH
	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 17842
*	ACTUITABLE AL BENTH
# F 5 #	1 DECEASED-NAME First Middle Lost 20 DATE OF DEATH 20. HOUR Month Doy Year A 20. HOUR
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ter frer frer	3. SEX 4. RACE 6. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. lost birthday) MONTHS DAYS HOURS MIN
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e exe	14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost
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that the death derintate be executed van. by the attending physician and campleis fransit permit. Then please remaye carterenation, or removal, and in any event,	16o. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT Address Yes, no. or unknown) (II yes give west or service)
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	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) APPROXIMATE INTERVAL. BETWEEN ONSE! AND DEATH
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at a se	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? YES NO 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 10b. ACCIDENT WAS UNDERLYING 21b. TIME OF INITIALY 21c. HOW INITIALY OCCURRED. (Enter nature of initialy in Port 3 or Port 3 or Port 3. Item 18.)
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OR ATTENDING PHYSICIAN: The law requires that the death be retained by the haspital or attending physician. JIRECTOR: After this certificate has been signed by the attendin e. 3 shauld be detached for use as the burial-transit permit. Bed with the State Dept. of Health prior to burial, crematian, or recovery	While Not while of work of work
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P P P P P P P P P P P P P P P P P P P	sow the deceased alive on
Tie Die t	226. DATE SIGNED
RE G	DEGREE PHYS DIRECTOR DIRECTOR PHYS. D12/17/18
	22d PHYSICIAN S 22e ADDRESS
S S S S S S S S S S S S S S S S S S S	NAME (Type) WILLIAM D. AUD " 9006 COLESVILLE ROAD SIL. SP. MD.
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. To FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the burial-transhould be filed with the State Dept. of Health priar to burial, creasingly and the prior to burial, creasingly and the state Dept.	230 BURIAL, CREMATION, 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City of Town) (County) (Stote)
P B O Signature	BURYA (pecify) 12-19-68 mx MT OLIVET CEMETERY WASHINGTON D.C.
Bana Bana	24. FUNERAL DIRECTORCOLLINS FUNERAL HOME ADDRESS 2 250. RECID BY REGISTRAR 250. REGISTRAR'S SIGNATURE
VR A15 (4) 30M REV, 1/68	500 University Blvd. W. SILVER SPRING, MD. DATE UEC 20 1968 Schools Judge



	lt.	MARYLAND STATE DEPARTMENT OF HEALTH
	1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
		CERTIFICATE OF DEATH 17843
± −2±		ECEASED NAME First / Middley Last 20. DATE OF DEATH 2b HOUR
deoth neral and 2 death	,	Type or prott) Dorothea R. Kinsey 12-13-68 63 M
affer a differ	3 5	Female 4. RACE White S. DATE OF BIRTH 6. AGE (In years to UNDER YEAR IF
t hours	7o cour	BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NOT GEATH, WIDOWED DIVORCED NOT GO MONTGOMERY
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d with defely in debon nt, wit	13a.	SUAL RESIDENCE (Where deceased lived, if institution Residence before 135 City OR TOWN 13d MISTOR CITY LIMITS? 13e STREET AND NUMBER
cecuted	adm	ssian) STATE Maryland 136 COUNTY Montgomen Cathershury YES NO 435 E. Diamond Street
Se ex	14	Charles Middle Ran 1.5 MOTHER'S MAIDEN NAME First Middle Smith.
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h cer The emo		18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: Market Oxiget and Death APPROXIMATE INTERVAL BRYMEN OXIGET AND DEATH
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equires the physicion. signed by buriof-trar buriof, cre		lost. 4201 (c)
w required ling plants in the purity of the	NO	PART 2 OTHER SIGNETICAN CONTRIBLING TO DEATH BUT NOT RELATED TO THE LERNING DISEASE OR CONDITION GIVEN IN PART I(a) Acute yellow atrophy, liver a Roman factore secondary to alvo.
TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital or attending To FUNERAL DIRECTOR: After this certificate has been directar, page 3 should be detached for use as the behavior of the filed with the State Dept. of Health prior to the state Dept.	CERTIFICATION	19a DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20d AUTOPSY 2/2/20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
AN: The of or at finate he for use Health		21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Doy Year 21c. HOW INJURY OCCURRED (Enter poture of injury in Part 1 or Port 2, Item 18)
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by Uniter State		22a. I certify that (I) (this hospital) attended the deceased from 11 1200, 19 108, to 19 108, to 19 108, that (I) (we) lost saw the deceased alive on 19 108, and that in (my) (aur) opinion death occurred on the date and hour and from the
OR ATTENDIN De retained by HRECTOR: Affer e 3 should be		saw the deceased alive on
retor S showith		226 S GNATURE 22c DATE SIGNED ATTENDING MED STAFF 22c DATE SIGNED
y be y be gge 3		Ficher Of Caldwell Moderee ATENDING MED DIRECTOR PHYS. 12/20/68 22d PHYSICIAN S 22e. ADDRESS
O HOSPITAL OF Page 4 moy be O FUNERAL DIR director, page 3 should be filed		NAME (Type) FREDERICK S CALBUST ROCH UILLE, MD,
O HC Page O Ful direct	23 a	BURIAL (REMATION, 23b DATE REMOVA) (Specify) (2-23c NAME OF CEMETERY OR CREMATORY (23d LOCATION (City or Town) (County) (Stote)
VR ALSON	24	SUMERAL DIRECTOR EXTREST C. Gartner ADDRESS 250 RECO BY REGISTRAR 256 REGISTRARS S GNATURE
45M - 136A	1.0	next (. / jortus / jaithers ture 1/2 cl. DABEC 2 6 1968 Clearles Judge



			MARYLAND STATE DEPARTMENT OF HEALTH	
	1 1/2		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
			CERTIFICATE OF DEATH	17844
	death.		DECEASED-NAME Type or print) MARTIN HENRY KINSTNGER 20. DATE OF DEATH 12 Month 3 Day	68°01 875 M
	by new policy officer			FUNDER I YEAR IF JHOER 24 ARS. ONTHS DAYS HOURS MIN
	24 hau d in by pers. 72 hau	COL	NASH, D.C. U.S.A. WIDOWED DIVORCED MONTGOMERY	Md.
	executed within 24 haurs d campletely filled in by smove carbon papers. Pa any event, within 72 hours	,0	CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospito) AROMA PARK 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospito) GIVE STREET GOLDESS WHS HINGTON SAM) & HOSPITAL OR COUPATION (Kind of work done give street goldess)	126 KIND OF BUSINESS OR INDUSTRY GOU T.
	campletely ove carbon y event, with	13o odn	JSJAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c (ITY OR TOWN 13d INDUE CITY LANDS) 13e STREET AND NUMBER (15 7- HOUSTON) 13b COUNTY MONT. TAKOMA PARTYES NO (57- HOUSTON)	AYE.
	be exe and contract	14	FATHERS NAME First Middle Lost IS. MOTHERS MAIDEN NAME First Middle M. HENRY KINSINGER FORES	Devlio
•	hysician please al, and		N. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no. of unknown) NO 17 INFORMANT Address Da 217-07-9213 Lois M. Kinsinger 657 Houston Au	
	O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death terinficate be executed within 24 lage 4 may be retained by the hospital ar attending physician. D. FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely fulled in director, page 3 should be detached for use as the burial transit permit. Then please remove carbon paper should be filed with the State Dept. at Health prior to burial, cremation, ar removal, and in any event, within 72		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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	ar ath ar ath te has use a	CERTIFICATION	11/26/68 Resplecte Aortic Anescypni YES II NO CAUSES OF DEATH? Yes 210. ACCIDENT/WAS UNDERLYING / 21b. TIME OF INJURY 221c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Ite	
	PHYSICIAN e hospital e his certificat stached for Dept. af He	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner) P.M. P.M.	
	S PHYSIC the hospin this certi detached e Dept. al	*	White Norwhile at work of work	County State
	ATTENDING etained by th CTOR: After t should be de	l	22a. I certify that (I) (this hospital) attended the deceased from 1/26, 1968, to 2/3, 1968 saw the deceased alive an 1/25, 1968, and that in (my) (our) opinion death occurred an the date causes stated above, (I) (we) (did) (sid not) view the body after death.	t and hour and from the
•	TO HOSPITAL OR ATTEN Page 4 may be retained O FUNERAL DIRECTOR: director, page 3 should should be filed with the		Meron L. Hollerin DEGREE PHYS DIRECTOR DIRECTOR PHYS. 12	2/4/68
	ro Hospital Page 4 may O FUNERAL I director, pog		22d. PHYSICIAN'S NAME (Type) MARVIN L. XOLKIN 220. ADDRESS 1015 Spring Street,	\$.5, md
	Page O Fusion	230	REMOVAL-(Speaify)	(County) (State) orges. Md.
	VR A15 (4) 30M REV. 1/68	24/	American Der C. Glen Carter Address Sil. Spr. Md 250 REC D BY REG. STRAR 256 REGISTRAR'S SI Jarner E. Pumphrey, Inc. 8434 Georgia Avenue Date DEC 12 1968 flow	



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	t .		ND STATE DEPARTMENT OF HEALTH	
		17805 DIVISION OF VITAL RECORDS	5, 301 W. PRESTON STREET, BALTIMORE, (MARYLAND 21201
- Company			CERTIFICATE OF DEATH	17846
4 24	1 D	CEASED NAME First Middle		
death.	(1	ype or pnnt) Mennie Etta	Lissinger	E OF DEATH Month Day Year 8 2 PN
	3. SI		S DATE OF BIRTH	6. AGE (In years IE UNDER I YEAR IF UNDER 24 HRS.
· · · · · · · · · · · · · · · · · · ·		Female White	4/26/48896	last birthday) YRS. MONTHS DAYS HOURS MIN
- 15 S		SIRTHPLACE (State or foreign 7b CHIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED 9 COUNT	OF DEATH
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physicon en please ovol, and	Y	es, no, or unknown) (1 yes give war or dates of service) 578-14-1:	273 M/ Ay Him d,	15517-466 / 10000000000000000000000000000000000
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ATTENDING etained by if CTOR: After i should be d		causes stated abave, (1) (vie) (did) (driver) view the	s body after death.	th accurred an the date and have and from the
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OR be 3 ge 3 led v		Jul D. Pools	DEGREE PHYS DIRECTOR	STAFF PHYS D 22 D
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Poge 4 may be retained by the hospital or attending physicion. TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the buriol-transhauld be filed with the State Dept. of Health prior to buriol, cre-		22d PHYSCIAN'S JOHN S. SAIL	3 220 ADDRESS VIERS	11/ R45.5. Md.
HOSI UNI Ecto	23a	BURIAL, CREMATION, 23b DATE 23c NAME OF	F CEMETERY OR CREMATORY 23d LOC	ATION (City or Town) (County) (State)
Pog o	L	TEMPERA (Becily) 12-26-1968 St. P	eters Church Cemetery Lo	yalton Dauphin Pa.
₩ ₩ VR A15 (4)	24 (UNERAT DISSELOR Carter Cyllen Carty ADDRESS	Sil Son Md 250 RECD BY REGISTRA	R 25b. REGISTRAR S SIGNATURE
45M - 1/69	We		orgia Avenue DEC 26 1	968 Jelianles Judge



MARYLAND STATE DEPARTMENT OF HEALTH QUVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17847 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1 DECEASED NAME First Middle 20 DATE KNOWN DE ESTI-Yeor 2b HOUR (Type or Print) 3 to Page DORA KLINE ö DEATH MATED X IE JINDER I YEAR IF LINDER 24 HRS 4 RACE 6. AGE (In years 3 SEX S. DATE OF BIRTH 2r DATE PRONOLINCED DEAD 2d HOUR HOURS last birthumy) White 7:2MA Famale Dec. 25.1891 776 70 BIRTHPLACE (State or foreign 75 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH Poland DIVORCED [WIDOWED N Montgomery 120 USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 126 KIND OF BUSINESS OR give street oddress) during most of working life, even if retired.) (NDUSTRY Silver Spring Holy Cross Hospital housewi fe 130. USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c CITY OR TOWN 13d. INSIDE CITY JAMITS? 13e STREET AND NUMBER 13b. COUNTY 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME Last haurs Nathan forwarded to the Chief Medical Examiner's pages 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 165 SOCIAL SECURITY NO 17. INFORMANT **ADDRESS** executed within in pencil (Yes, no, or unknown) (If was give wor or dates of service) File none son in law Milton Charnow 11215 Oak Leaf within 18. CAUSE OF DEATH (Enter only one couse per line for (p), (b), and (c)
PART I. DEATH WAS CAUSED BY SSMd. permit. BETWEEN ONSET AND DEATH pending IMMEDIATE CAUSE (a) event DUE TO, OF burial-transit Conditions, if only, which gove rise to immediate couse (o) please execute the certificate, writing the ward certificate should DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse Ė and PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) О removal, nseq 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? 190 DATE OF OPERATION WAS PERFORMED? be should be Ь 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 3 should PRIMARY OR CONTRIBUTING cremation, 21d INJURY OCCURRED 2) e PLACE OF INJURY (At home, form, street, FUNERAL DIRECTOR: Page AT WORK burial 22a. I certify that track charge of the remains described above, held an Autonsv death resulted from Natural causes Actident Suicide. Homicide Undetermined manner be retained CHIEF MEDICAL EXAMINER ACTUAL 22b, DATE SIGNED SIGNATURE **EXAMINER'S** 5 may TO FUNE Health ADDING THE STATE OF COUNTY) 23c NAME OF CEMETRY OR CREMATORY BURIAL, CREMATION 23d LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Cedar Park Cemetery P.
ADDRESS 232 Carrol 1250 REID BY REGISTRAR 24. 1968 Paramus. New Jerseu 24 FUNERAL DIRECTOR 256 REGISTRAR S SIGNATUR Donald M. Stein Munica St., N.W. Wash., D Take DEC 2 VR A SME (5) Hebrew Memorial Funeral Home 10M REV 1/68



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DOKAGE OF MANY DOKAGE OF DEATH DOKAGE OF MANY DOKAGE OF DEATH DOKAGE OF MANY DOKAGE OF DEATH DOKAGE OF MANY DOKAGE OF DEATH DOKAGE OF MANY DOKAGE OF DEATH DOKAGE OF MANY DOKAGE OF DEATH DOKAGE OF MANY DOKAGE OF DEATH DOKAGE OF MANY DOKAGE OF DEATH DOKAGE OF DEATH DOKAGE OF MANY DOKAGE OF DEATH DOKAGE OF	11 - 9	1	NUCION OF WITH	I DECORDE SOL W DESTON		ND 01001
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_	1	MARYLAND STATE DEPARTMENT OF HEALTH	
, l.		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH	7849
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30M REV. MARY	L.	Tyson wheeler F.A., 331 Rockville rike, DATEJAN 3 1968 Cliente	1 1 m



_	1		NO STATE DEPARTMENT OF HEALTH	
1	П	DIVISION OF VITAL RECORDS	, 301 W. PRESTON STREET, BALTIMORE,	MARYLAND 21201 17850
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	L	Silver Spring No	14 Cross	
[,		USUAL RESIDENCE (Where deceosed lived, if institution: Residence before ission) STATE		30 STREET AND NUMBER
3 -7	<u></u>	Md. 7.6.		112 41st Ave
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		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)	111	BETWEEN ONSET AND DEATH
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	1	saw the deceased alive on	19 and that in (my) (our) opinion de	ath accurred on the dote and hour and fram the
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		22b. SIGNATURE	ATTENDING MED.	STAFF 22c. DATE SIGNED
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1		122d. PHYSICIAN'S NAME (Type) A CITORI	Rt 22e ADDRESS 344 Un	iv Blad is Sylad
	2 3a.	001101111111111111111111111111111111111		DCATION (City or Town) (County) (State)
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1	24	FUNERAL DIRECTOR Tyson Wheeler F. H. 1331 Rockvi	2So. REC'D BY REGISTR	
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		MARYLAND STATE DEPARTMENT OF HEALTH	
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PHYSICIAN: e haspital at his certificate rrached for u	層	2 d INJJRY OCCURRED 21e PLACE OF INJJRY (AT HOME, FARM, STREET FACTORY.) 21f LOCATION Street of R.F.D. No. City of Town OFFICE BUILDING, ETC.	County State
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NDING and by fl After Id be d		22a. I certify that (I) (this haspital) attended the deceased from 1968 and that in (my) (aux) opinion death accurred on the date	and hour and from the
OF TINI be retained JIRECTOR: A er 3 should		22a. I certify that (i) (this haspital) attended the deceased from 4/- 22 , 19 68, to 12 - 13 , 19 6 saw the deceased alive an 12 - 13 1968, and that in (my) (aur) opinion death accurred an the date causes stated phave, (i) (we) (did) (did not) view the bady after death	and noor and namente
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30M REV 1/68	11kg	rner & Pumphrey Inc. 8434 Georgia Avenue DAHEL 23 1300 purerens	ange.
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1	1	MARYLAND STATE DEPARTMENT OF HEALTH
FOR STATE		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.	1 0	
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Page 1	3. 5	EX ARACE S DATE OF BIRTH 6 AGE (in yours 15 those 1 year 15 under 2 year 15 un
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urs ce		admission) STATE 136 COUNTY MERY Boyds VES NO BOX 39
d within 24 haurs after death in pepal in Vem 18. Give Pages 9, Examiner's Office along with farm File pages 1 and 2 with the State De n 72 haurs after death	14,	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost
hin 24 mingr's pages haurs	160	WAS DECEASED EVER IN D. S. ARMED FORCES? [16b. SOCIAL SECURITY NO 177 INFORMANT]
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executed nding" ir Medical I permit.		18. CAUSE OF DEATH (Enter only one couse per one for (a), (b), and (c)) PART 1. DEATH WAS CAUSED BY. Smoke inhalation and burns, second degree APPROXIMATE NIERVA. BETWEEN ONSET AND DEATH APPROXIMATE NIERVA. BETWEEN ONSET AND DEATH
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在 元 一 一	MEDICAL	CAUSE OF DEATH CAUSE OF DEATH PM 12 12 1968 Traffed in frame force —
	MED	21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f (OCATION Street or R.F.D. No. (ity or Town County / Stote
AL EXAMINER: execute the certific. Page 4 should for your files. OR: Page 3 should urial, cremation,		WHILE AT WORK
		22a. I certify that I taok charge of the remains described above, held an Autopsy 💟, Inspection 🔯, Inquiry 🔯, and in my opinion
HCAL E e executor. Pare for control for control for control for control for burial,		deoth resulted from: Natural causes, Accident 🔀, Suicide, Hamicide, Undetermined manner
UTY DIC. 110, please eleral director be retained RAL DIRECT priar to bu		CHIEF MEDICAL EXAMINER
y, p roll roll AI.		SIGNATURE OF S. Ball M.D. ASSISTANT MEDICAL EXAMINER 22b DATE SIGNED
DEPUTY ecessary, I ne funeral may be r FUNERAL		EXAMINER'S DEPUTY MEDICAL EXAMINER DOC 13 1968 -
necessary, please ethe funeral director 5 may be retained for Funeral Health priar to but	22.0	NAME (Type) ADDRESS (Street, city, town, or county) BURIAL CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d (OCATION (City of Town). (County) (State)
F 5 -	250	BURIAL (REMATION, REMOVAL (Specify) 236. DATE 236. NAME OF CEMETERY OR CREMATORY 23d COCATION (City of Town) (County) (Stote) Burial (Specify) Bullionia Mil
120	24.	FUNERAL DIRECTOR Ernest C. Gartner ADDRESS 250 RECT BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
VR A15ME [5]	-	Floring Gaithersburg. Md. DATE DEC 19 1968 golonles Judge
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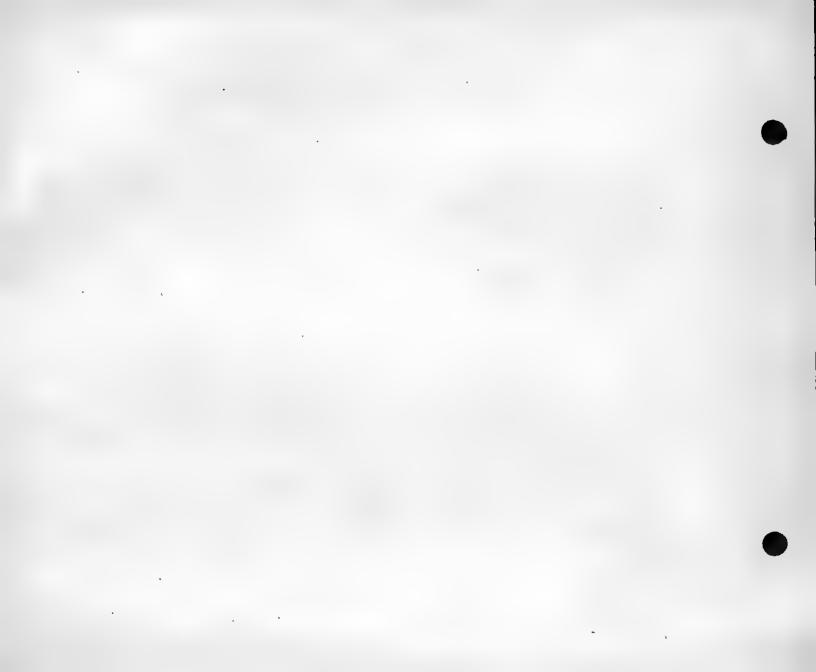
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle last 2a. DATE OF DEATH and 2 death. (Type or print) December 1968 Stella Kowalsky Eva S. DATE OF BIRTH 3 SEX 4. RACE 6 AGE (In years IF LINDER 24 HRS last birthday) 16 July 1905 HOURS Female White YRS. 7a BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH B. MARRIED NEVER MARRIED country) Poland Montgomery USA WIDOWED TO DIVORCED (24 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR give street of the Clinical Center during most of warking life, even if retired.) Bethesda **INDUSTRY** 13a USUAL RES DENCE (Where deceased lived, if institution, Residence before 13c, CITY OR TOWN 13e. STREET AND NUMBER 13d INSIDE CITY LIMITS? burial, crematian, or remaval, and in any even odmisson STATI irginia 13b. COUNTY The law requires that the death certificate be execute Box 234 Raleigh YES 3 remave 14. FATHER'S NAME First 15 MOTHER'S MAIDEN NAME First Middle Middle Last Last gug John **Idgocki** Mary Haratyk 16b SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT The Medical Records Address Yes no ar unknawn) [(If yes give wor or dates of service) 233-30-9912 The Clinical Center, NIH, Bethesda, Md. 20014 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c)) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY 12 hours Gram negative sepsis IMMEDIATE CAUSE (a) infarction DUE TO, OR AS A CONSPOUENCE OF signed by the burial-transit p Canditians, if any, which gave) Intestinal obstruction - probably bowel weeks nse ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital ar attending physician. stating the underlying cause Recurrent cancer of uterus months PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. of Health priar to 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 2Do. AUTOPSY? CAUSES OF DEATH? Yes Cancer of uterus YES 3 NO [TO HOSPITAL OR ATTENDING PHYSICIAN: 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 216 TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year P.M. If either, natify medical exammer) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town County State While Nat while at work 22a. I certify that (3) (this hospital) attended the deceased from 23 Nov., 19 68, ta 4 Dec., 19 68, that (4) (we) last saw the deceased olive an 4 December 19 68, and that in (xxx) (aur) opinion death occurred an the date and hour and from the couses stated above, (x) (we) (did) (dibbast) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED DEGREE DIRECTOR PHYS. 4 December 1968 22e ADDRESS The Clinical Center, National 22d. PHYSICIAN'S NAME (Type) H. Bryan Neel, Institutes of Health, Bethesda, Md. 20014 III, M.D. 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 BURIAL, CREMATION (Caunty) REMOVAL (Specify) Beckley West Virginia -Sunset Memorial Park 765 PORTS sconsin 2So. REC D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) Robert 30M REV 1768 DATREC 9



					ND STATE DEPARTMENT OF		
	1		17813	DIVISION OF VITAL RECORDS	, 301 W. PRESTON STREET, BA	LTIMORE, MARYLAND 21201	
			T. C. P. P.		CERTIFICATE OF DEATH		17854
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certificate	physician en please aval, and		WAS DECEASED EVER IN U.S. ARA es, no, or upknown) (If yes give w	var or dates of service)	11.1	Address	Someon
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E	certificate hed for us	MEDICAL	OR CONTRIBUTING CAUSE OF DEAT	H HOUR A.M. Manth Day Yea	r 19	, , , , , , , , , , , , , , , , , , , ,	-, · · · · · · · · · ,
PHYSICIAN:	th s certi etached Dept. of	J3W	OT L BUILDY OCCUPATO TO		ACTORY) 21f LDCATION Street or RFD	No. City or Tawn	County State
<u> </u>	Wher this certiful be detached State Dept. of		While Nat while at work	OFFICE BUILDING, EIL.	1 ,		
ATTENDING etgined by th	fter 1 fter 1 State		22o. I certify that((i) (th	s haspital) attended the deceo	sed from 5/1967 , 19	, to /L/16	19 6 , that (1) (we) last
S Pa	he Se	1	saw the deceased a	tive on /2 / 6 / 8	.19, and that in (my) (aur) a	pinion deoth occurred an the	dote and hour and from the
■ F i	5 4 4		22b SIGNAFURE) 7 / /	(1) twel (gra) (gra nat) view tue	today offer death.	/ 12	C DATE SIGNED
OR Je re	% 3 € € €		1111	+1200111111	DEGREE PHYS	MED STAFF DIRECTOR PHYS	12/17/68
	1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		22d PHYS CIAN S		22e ADDRESS	DIRECTOR - PHYS -	
ZIA SE	Figure 1 of the control of the contr		NAME (Type) M. W.	SHAPIRO		TERN AVE. SILVER	SPRING, MD.
HOS	S to a	230	BURIAL, CREMATION, 23b I		CEMETERY DR CREMATORY	23d "DCATION (City or Town)	(County) (State)
TO HOSPITAL (Pode 4 may b	TO FUNERAL After director, page 3 should be should be filed with the State				L GROVE	TOTOWA, N. J	' ''
_		24	FUNERAL DIRECTO COLLINS		5 n talling 250 RECO	BY REGISTRAR 256 REGISTRA	
	VR A15 (4) 45M 1/69		00 UNIVERSITY	BLVD. W. SILVER S		C 2 0 1968 pcc	ares judge



1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
4 =04	17834 CERTIFICATE OF DEATH 17855
ate be executed within 24 hours after death. hysician and nompletely weed in the funeral please remove carbon papers. Spec. 2 and 2 at, and in any event, within 72 hand after death.	CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 3. STATE DECLARATION (If outside corporate limits, write RURAL and give nearest town) 4. C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 5. VER SPENG 6. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 6. IS RESIDENCE 6. ON A FARM? 7 YES NOW 7 YES NOW 7 YES NOW 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 10a USUAL OCCUPATION (Give kind of work done) 10b KIND OF BUSINESS OR 11b BIRTHPLACE (County & State, or foreign country) 11c COUNTR? 11c BIRTHPLACE (County & State, or foreign country) 11c COUNTR? 11d MOTHER'S MAIDEN NAME
PHYSICIAN: The law requires that the death certificate be executed within 24 km, the hospital or attending physician. This certificate has men signed by the attending physician and completely when detached for use as the burial-transit permit. Then please remove carbon papers to Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 has been appearanced.	231730 MURNIK 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) (If yes gire war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT 2212 ROSS ROBD 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) (EREBRAL Thrombosis DUE TO Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last. DUE TO DUE TO DUE TO Underlying cause last. 230 M
PHYSICIAN: The y the hospital or ar this certificatus detached for use the Dept. of Health	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? PERFORMED? YES NO DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 10 factory, street, office bidg., etc.) While At work 19
O HOSPITAL OR ATTENDING PHYSICI PAGE 4 may be retained by the hos FUNERAL DIRECTOR. After this ce director, page 3 should be detache should be filed with the State Dept.	21. I certify that (I) (this hospital) attended the deceased from MAY 28, 1960, to December 1968, that (I) (we) last saw the deceased alive on Dec-21 1968, and that death occurred at LITTAM, from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED ATTENDING MED. PHYS. 12/22/68 22c. PHYSICIAN'S NAME (Type) I SRAE KESSIEM, D. 22d. ADDRESS NAME (Type) I SRAE KESSIEM, D. 5801-16 St. N.W., W.A.Sh., D.C., 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
VR A15 (4) 15M 4-64	REMOVAL (Specify) Dec. 24, 1968 King David Memorial Garden Falls Church, Va. 24. FUNERAL DIRECTOR BORNARO DANZAKSKY & Sons 3501-147155. N.W DEC 3 0 1968 FCharles June.



	l I			IN STATE DEPARTMENT		
		17835		CERTIFICATE OF DEA	BALTIMORE, MARYLAND 21201 ATH	17856
filled in by the funeral papers. Pages I and 2 thin 72 hours after death.		CEASED-NAME First	Middle	Lost	20 DATE OF DEATH Month	2b. HOUR
ge		Desare			Dec 2	3 1968 m
	3. Si		White	S. DATE OF BIRTH	6. AGE (In years logs burthday)	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MEN
	_	Female IRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	11-14-14		S.
	COAI	Penn.	USA	8. MARRIED X NEVER MARRIED DIVORCED DIVORCED		
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1	13o. odm	usual RESIDENCE (Where decease ssion) STATE Md.	ed lived, if institution: Residence before 13b COUNTY Montgomery	13c. CITY OR TOWN 13d MSI	ISe STREET AND NUMBER	
1		ATHER'S NAME First			2200 TIEGMO	St.
	14.		Middle Lost	IS. MOTHER'S MAIDEN I		Clavele
	160	John WAS DECEASED EVER IN U.S. ARMI	Carey ED FORCES? 16b SOCIAL SECURITY	NO 17, INFORMANT	Bridget	Clark
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	ı		DUE TO, OR AS A CONSEQUENCE OF	/	, h	
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		stoting the underlying couse	DUE TO, OR AS A CONSEQUENCE OF			
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	_	71. 1) -CCV	Masesti'e		character lier	
	CERTIFICAT.ON	190. DATE OF OPERATION 19b. C	CONDITION FOR WHICH OPERATION WAS PE			CONSIDERED IN CERTIFYING
		210. ACCIDENT WAS UNDERLYING		21c. HOW INJURY OCCURRED	(Enter noture of injury in Port 1 or Port	2, Item 18)
	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH	er) P.M. Month Doy reor	9		
	*	21d. INJURY OCCJRRED 21s. (While Not while at work	PLACE OF INJURY (AT HOME FARM, STREET, FAI OFFICE BUILDING, ETC.	CTORY.) 21f. LOCATION Street or R.	F.D. No City or Town	County State
		220. I certify that (I) (this	s hospitol) ottended the deceas	ed from 4///	, 19, to/2_/d/ 5, 1 ur) apinion death accurred on the	9 4- X, that (I) (we) last
		saw the deceased ali couses stoted obove,	ive an 12120160, , (I) (we) (did) (did not) view the	19, and thát in (my) (au body ofter deoth.	ur) apinion death accurred on the	date and havr and from the
		22b. SIGNATURE		ATTENDING -	MED. STAFF C	c. DATE SIGNED
		iali	CK James	C 1 DEGREE PHYS D	DIRECTOR PHYS.	2/24/18
1		22d. PHYSICIAN'S NAME (Type) Patri	ck C. Jameson	22e. ADDRESS	186. or j. a Sel.	- 5/n - 4 The
	230	8 JRIAL, CREMATION, 23b. D	m 1 1 1	CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (State)
	24	FUNERAL DIRECTOR	FV168 Gate	of Heaven	Silver Spring REC'D BY REGISTRAR 2Sb. REGISTRA	Mont Md
1)		and the property of the second	Home 500 Universi	ity Blvd. W. DATE	DEC 3 0 1968 1200	carlas andre
,	Ë	THO TWINE AT I	Silver Sprir	ig, Md.		- 0 0





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ano como in any	14	ATHER'S NAME First	Middle Lost	IS. MOTHER'S MAIDEN NAME First	Middle	Lost
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equires that the physician. Signed by the burial-transit burial, cremat		rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE OF	- Schuster Hu	uf Ricerce	Syw
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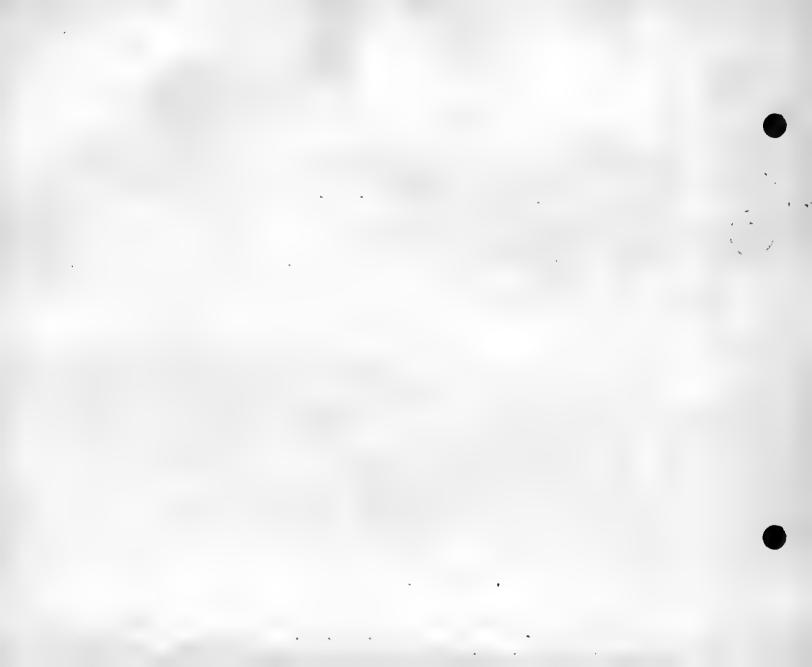
MARYLAND STATE DEPARTMENT OF HEALTH





Author In	1	MAKILAND STATE DEPARTMENT OF HEALTH	
17		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
100		178 19 CERTIFICATE OF DEATH 17860.	
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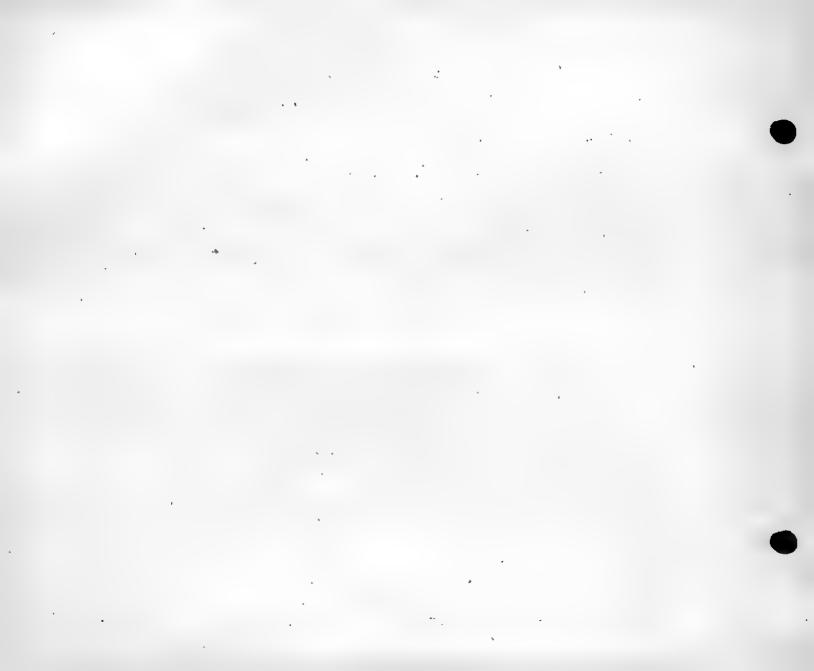
MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH	
1. DECFASED NAME First Middle Lost 20 DATE OF DEATH	7863
1. DECEASED NAME (Type or print) Ellen Hennings LYONS 3. SEX Female Cauc To Birthplace (Stote or foreign Country) Washington, D.C. USA 1. DECEASED NAME (Type or print) Ellen Hennings LYONS S. DATE OF BIRTH 6. AGE (In years lost birthday) Female 7. DETECASED NAME (Type or print) 8. December 1968 8. AGE (In years lost birthday) 9. COUNTY OF DEATH WIDOWED D. VORCED Montgomery 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USJA. OCCUPAT ON (Kind of work dame 1))	Year 2b HOU
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Frederick HENNINGS Virgie Anna BURGESS	
16a WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give wor or dates of sarvice) 16b SOCIAL SECURITY NO. 17. INFORMANT Address	
No 577-07-5044 Chester A LYONS Rt 1 Box 167	Bryans Rd
18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY	BETWEEN ONSFT AND DEATH
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (c) Intra-abdominal hemorrhage	2 hours
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If either, notify medicof exominer) P.M. 19	
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While Not while at work OFFICE BUILDING, FTC.	
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causes stated above, (i) (we) (did) (de) (de) view the body ofter death.	na nour and from
22b. SIGNATURE 22c. DATE	SIGNED
+ H. Paulenturg L+ Mc DEGREE PHYS. MED. STAFF 9 De.	cember 1968
22d PHYSICIANS / J. A. ROUTENBERG 22e ADDRESS Naval Hospital, Bethesda, Mo	
- PEMOVAL (Specific)	ounty) (Stote)
A Company 11 Dec 1968 Cedar Hills Cemetary Suitland, Pr. George	rges, Md.
Huntt Funeral Home, Waldorf, Maryland 250. RECESTRAR 1968 FOR REGISTRAR 1968 FOR REGISTRAR SIGN	ATURE
Munit Funeral Home, Waldori, Maryland DATE.	00



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10				DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
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	VR AIE	4	24	FUNERAL DIRECTOR ADDRESS 25%. REC D. BY REGISTRAR 25% REG STRARS SIGNATURE	
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	MAKTLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS 301 W PRESTON STREET RAITIMORE MARYLAND 21201 17865
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- î.	CERTIFICATE OF DEATH
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and ser	14. FATHER'S NAME First Middle Last IS MOTHER'S MAIDEN NAME First Middle Last
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hys val,	Yes, na, or Jakan wan) (If yes give wor or dates of service) 221-09-4381AR. EVERETT MAI SILVER SPINS, AND 20904
Ger Cer	IB. CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c)) APPROXIMATE INTERVAL BETWEEN OWSET AND DEATH
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The ath has se come has	YES NO CAUSES OF DEATH?
n ar	
Ela jije gal	G [If either, notify medical examiner] P.M. HOUR A.M. Month Doy Year
asp cert cert hed	[If either, notify medical examiner] P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No City or Town County State While Not white 1
PH e h h	While Not while of wark
at the second	ar wark or wark
State of the state	220. I certify that (1) (this hospital) attended the deceased fram 6/2 , 1967 , ta 12/2 & , 1968 , that (1) (we) lost saw the deceased alive on 12/3 1965, and that in (my) (over) opinion death occurred on the date and have and from the
The the	couses stoted above, (1) (we) (did) (did-net) view the body ofter death.
A SP	22b SIGNATURE 22c DATE SIGNED
IRE dw	R. H. DEGREE PHYS DIRECTOR PHYS. 12/2-8/(5)
	22d. PHYSICIAN'S 22e. ADDRESS
E E E Ca	NAME (Type) R.H. Sandstrom mb 7701 Carroll Ave Thak and
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be defached far use as the burial-transhould be filed with the State Dept. of Health priar to burial, recovered to the prior to the pr	23g BURIAL, CREMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State)
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F F	104 FIAL 1/8-31-68 ST. JOHNSTOWN POMPTETY GREENWOOD SUSSEX I/EL. 24. FUNERAL DIRECTOR // ADDRESS // 250 REC'D/BY REGISTRAR'S SIGNATURE
VR A15 (4) 30M REV. 1/68	A DC A TOLL A D A D A D A D A D A D A D A D A D A
2	William Tellischauer Skonwood / DATE JAN 2 1969 feliantes Jude



MARYLAND STATE DEPARTMENT OF HEALTH 17855 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17866 Item#7bFilm#G408 12/31/68 vmp CERTIFICATE OF DEATH DECEASED-NAME First Middle 2g. DATE OF DEATH 2b. HOUR (Type or print) Month RKman aRa 4 RACE S. DATE OF BIRTH JE JINDER I YEAR 3. SEX 6. AGE (in years last buttedov) MONTHS DAYS HOLES Female 6 YRS COUNTY OF DEATH 70 BIRTHPLACE (State or foreign MARRIED TO NEVER MARRIED country) U.S.A. WIDOWED 17 DIVORCED within 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION 10. CITY OR TOWN OF DEATH T26. KIND OF BUSINESS OR give street address) INDUSTRY the ottending physician and completely sit permit. Then pleose remove corbo Page 4 may be retained by the hospiral or unanymage. 130 USUAL RES DENCE (Where deceased lived, if institution: Residence before 13c, CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e, STREET AND NUMBER requires that the death certificate be executed YES 2 NO 5820 Durbin Road BETHESDA CHIDECKEL Middle 14 FATHERS NAME 75. MOTHER'S MAIDEN NAME First First BAILA RASHA 17 INFORMANT Address 16b. SOCIAL SECURITY NO. 16g WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes give war or dates of service) 5820 Durbin Road Yes, no, or unknown) 216-01-6999-D Mrs. Beverly Zitelman Bethesdeuroximulinierval (daughter) 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c))
PART I. DEATH WAS CAUSED BYIMMEDIATE CAUSE (o) BETWEEN ONSET AND DEAT DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE O stating the underlying couse! THER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? YES [NO [T] 21a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF CEATH HOUR A.M Month Day Year (If either, notify medical examiner) (AT HOME FARM, STREET FACTORY.) 21f LOCATION Street or R.F.D No. City or Town County State 21d. INJURY OCCURRED 21e PLACE OF INJURY While Not while at work 220. I certify that (I) (this hospital) attended the deceased from 1967, 1967, to 1967, to 1967, the late and hour and from the sow the deceased alive on 1967, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death. 22b. SIGNATURE 22c DATE SIGNED MED DIRECTOR PHY5 22e, ADDRESS 22d. (PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 23b. DATE 230 BUR AL, CREMATION, REMOVAL (Specify) 22,1968 Baltimore. Maruland Hebrew Young Men's 2Sa. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Donald M. Stein 1968 St N W Wash hnow Mamanial Funeral Home



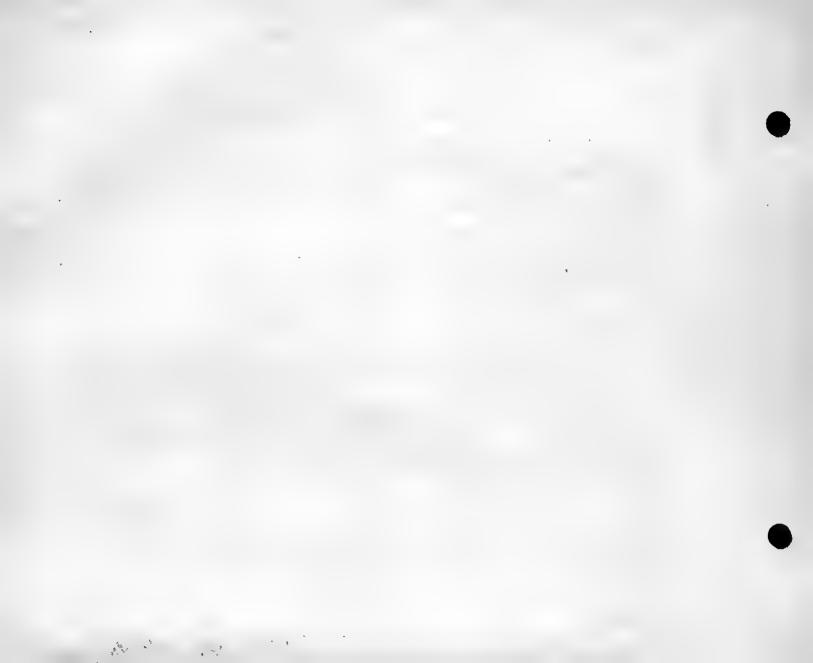
- 1	MARYLAND STATE DEPARTMENT OF HEALTH
	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17867
1	L 1 75 TO CERTIFICATE OF DEATH
1	DECEASED-NAME First Middle Lost 20 DATE OF DEATH 2b. HOUR
П	(Type or print) Build N Martin Doy Year 15 1968 156 1
3	SEX 4 RACE S DATE OF BIRTH 6. AGE (In years IFLINGER YEAR IF UNDER 24 HRS. 1031, birthday) MONTHS DAYS HOURS M.N.
	11/all While 8/13/73 1/3 YRS.
70	D. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH
L.	Thest Va. US WIDOWED DIVORCED Montgo en Mc
10	OCTY OR TOWN OF DEATH INAME OF HOSPITAL OR HISTITUTION (If not in hospital during most of work done give street oddress) Industry Industry
	(ont your deshout on Kother to
00	30. USJAL RES DENCE (Where deceosed sed, if institution Residence before deceosed state of the s
14	4 FATHER'S NAME First Middle Lost 15 MOTHER'S MAIDEN NAME First Middle Lost
	Kickael Martin Vinne Williams
10	60. WAS DECEASED EVER IN . S ARMED FORCES? Yes, no, or anknown), University was or dottes of service) Yes, no, or anknown), University was or dottes of service)
_	Tes, 10, of the little of the
	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) APPROX.MATE INTERVAL BETWEEN ORIST AND DEATH
	PART I. DEATH WAS CAUSED BY- IMMED ATE CAUSE (0) METASTATIC (ARCINO 11)+ PART I. DEATH WAS CAUSED BY- IMMED ATE CAUSE (0)
	/85× DUE TO, OR AS A CONSEQUENCE OF
	(conditions, if only, which gove) rise to immediate couse (a). (b) CARCINOMA OF PRISTATE 4 FACT
L	storing the underlying couse DUE TO, OR AS A CONSEQUENCE OF
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	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
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CATI	196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206. AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 2216 HOW INJURY OCCURRED (Fater nature of injury in Part L or Part 2 Item 18.)
OTIC	YES NO. NO.
N CE	210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18)
SECONOMI	If either, notify medical examiner) P.M. 39
2.0	
	White Not while of work of work
	22a I certify that (I) (this hospital) attended the deceased from PEC 29, 1952, to 125, 1958, that (I) (we) las saw the deceased alive an PEC 23 1958, and that in (my) (our) apinion death accurred an the date and hour and from the
	saw the deceased dive an
	22b. SIGNATURE 22c. DATE SIGNED
	DEGREE PHYS ATTENDING MED STAFF DEGREE PHYS DEGREE PHY
ļ	22d PHYSICIAN'S 122e ADDRESS 10620 Coopering Asset
	NAME (Type) MICHAEL S. MADELOFF Silver Spring. Maryland
23	30. BURIA_ CREMATION. 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote)
	REMOVA (Superful) BUITTAL 12-26-68 Parklawn Cemetery Rockville Maryland 4. FUNERAL DIRECTOR ADDRESS 256 RECD BY REGISTRAR 256. REG STRAR'S SIGNATURE
	4. FUNERAL DIRECTOR ADDRESS 250 REC D BY REGISTRAR 25b. REG STRAR'S SIGNATURE
	ROBERT A. PUMPEREY, Bethesda, Maryland DAVAN 1. 1989 (Charles Indee



				D STATE DEPARTMENT OF		
1			DIVISION OF VITAL RECORDS,	301 W. PRESTON STREET, BA	LTIMORE, MARYLAND 21201	4 10 0 0 0
•		イプタモラ	(CERTIFICATE OF DEATH	1	17868
€ ~~£		CEASED-NAME First	Middle	Lost	20 DATE OF DEATH	2b. HOUR
death, and 2 death	(ype or print)	my Catherine	marvel	December 20	DY YOUT 6 50 PM
	3. \$	X	4. RACE	S. DATE OF BIRTH	6. AGE (In years lost birthday)	IF UNDER 1 YEAR 1F UNDER 24 HRS.
£ (14)		ferme	white	412/2	lost birthday)	MONTHS DAYS HOURS N.N.
PHYSICIAN: The law requires that the death certificate be executed within 24 hours e haspital ar attending physician. The law signed by the attending physician and campletely filled in by stached for use as the burial-transit permit. Then please remove carbon papers. Poppt. af Health priar to burial, crematian, ar remaval, and in physician within 72 hours.	70 cour	SIRTHPLACE (State or foreign	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9 COUNTY OF DEATH	
d in ders			in United States	WIDOWED DIVORCED	montgomery C	ount, Md.
ecuted within 24 hou tompletely filled in page carbon papers. Y event, within 72 hou	10. (ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR IN	STATUTION (If not in hospital 120 U	SUAL OCCUPATION Kind of work done	12b KIND OF RUSINESS OR
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pplet correction	130 odm	USUAL RESIDENCE (Where deceos ssion) STATE	ed lived, if institution: Residence before			
ecuted within tampletely fi give carban y event, with		Maryland	136 COUNTY	Mileor Land	NO 2814 Hard	4 Avenue
certificate be execute physician and camp hen please remove c naval, and in phy eve	14 1	ATHER 5 NAME First	M.ddle Lost	15 MOTHER'S MAIDEN NAM	E First Middle	Doemlina
d (Fig. 5)	L.	michael	J. Mcknis	ht Rosepa	bor .	Destrictions of
<u> </u>		WAS DECEASED EVER IN U.S. ARA es, no, or unknown) (*yes give w	ALED LOUGES SE SELVICE) FOR SOCIAL FACTORIES.	NOS ITALIAN CONTRACTOR OF THE STATE OF THE S	Address XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	2014 Haray Hue.
phy en ava	-	No.	- nu know	~ /####################################	XXX Wheaton XXX	APPROXIMATE INTERVAL
ing ing		18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE!	ly one couse per ine for (a), (b), and (c)) · D_ /		BETWEEN ONSET AND DEATH
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at the nsit	ı	rise to immediate couse (a),	(0)	ul our	ers	
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y sich y			(C) IDITIONS CONTRIBUTING TO DEATH BUT N	OT DELATED TO THE TERMINAL DIFFATE (ON CONDITION CHIEN IN DARK 1/->	
G PHYSICIAN: The law requires that the death certific the haspital ar attending physician. This certificate has been signed by the attending physidetached for use as the burial-transit permit. Then plue Dept. af Health priar to burial, crematian, ar remaval,		F & A B	to the state of th	OF RELATED TO THE TERMINAL DISEASE O	KCONDITION GIVEN IN FART I(0)	
daw beer the	NOIL	190, DATE OF OPERATION //191/	CONDITION FOR WHICH OPERATION WAS PE	REORMED 1200 AUTOPSY?	20b IF YES, WERE FINDINGS	CONSIDERED IN CERTIFYING
The later has se as	CERTIFICATION		TO THE	YES NO	CAUCES OF DEATUR	COMBINED IN CERTIFIED
ar or	CERT	210. ACCIDENT WAS UNDERLYIN	G 1215 TIME OF INJURY		nter nature of injury in Port 1 or Part 2	. Item 18)
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DING PHYS by the has ther this cer be detache State Dept.		While Not while of work	OFFICE BUILDING, ETC.	/ /		
TENDING ined by th DR: After t build be do		22a. L certify that (I) (th	is hospital) attended the decease	ed from 1000. 19	168, to Dec 20,1	9.68 , that (I) (we) last
NON Sed by Sed by Se Se		saw the deceased a	live on Vice 201	9 6 8, and that in (my) (our) of	apinion deoth occurred on the c	lote ond hour and from the
The South		22b SIGNATURE	, (I) (we) (did) (did not) view the	body offer death.	T nn	DATE CLOSED
OR ATTENDING PL be retained by the DIRECTOR: After this je 3 shauld be deft ed with the State Di		220 SIGNAPORE	en a mos	DEGREE PHYS.	MED STAFF DIRECTOR PHYS	DATE SIGNED
Dad y be		22d. PHYSICIAN'S	alino "	/ - A.A.S. 22e, ADDRESS.	VIRECTOR L. PHYS L. A	100
RAIL Manual Per per per per per per per per per per p		NAME (Type)	USSELL BUFAL	1110 MD 7929 C	Inversity B	Loda.
TO HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the haspital ar TO FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached for us should be filed with the State Dept. af Healt	23o	BURIAL, CREMATION, 23b.		CEMETERY OR CREMATORY	23d LOCATION (City of Town)	(County) (State)
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	24	FUNERAL DIRECTOR-CARLER		Sil Snr Md 250. REC'I	BY REGISTRAR 25b REGISTRAR	
VR A15 PH	lu	TAMER & Dumpha	eu Inc. 8434 Gen	raia Avenue DATE D		carles Inde



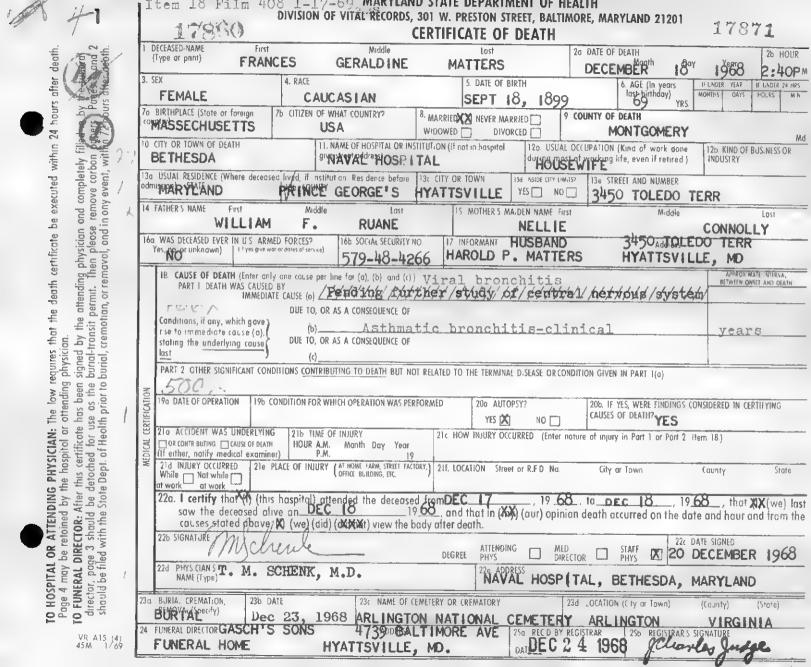
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6207,	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
	CERTIFICATE OF DEATH 17869
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2 12 2 = E	3. SEX 4 RACE 5. DATE OF BIRTH 6. AGE (In years IF DINGER 14 ARS
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9/2/2	76 BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED AND NEVER MARRIED 9. COUNTY OF DEATH
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一/ 権人でも	give street oddress) during most of working life even if retired \ INDISCRY.
The South	Silver Spring Holy Cross Hospital sign painter
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completed ove corbo	Maryland Montgomery SSMd. YEX NO 1516 Jasper St. SSMd.
emove ony ev	14. FATHER'S NAME First Middle Last IS MOTHER'S MAIDEN NAME First Middle Last
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physician physician with please oval, and	16b. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes no, or unknown) (If yes give weir or dotes of service) Address Lyach C. Mason
八月 屋 夏草	Yas no, or unknown) (11 yes give war or colors of service) 578-24-8493 water C. Mason 1516 Jasper St. SSMd.
	IB. CAUSE OF DEATH (Enter only one cause per ling for (a), (b), and (c).) APPROXIMATE INTERVAL GENERAL ORSEL AND DEATH /
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前量量	IMMEDIATE CAUSE (a) LL 20 CIVILL ax + 1 Tarefrom 1 Vasself 5 Mun
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1 \ \\\\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	190. DATE OF DERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
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ファングルの山の田	YES NO X 1216 TIME OF N. 1987
Heorie	
1 11戸電車場	G (If either, norify medical examiner) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year P.M. 19
NYSICA NYSICA Naspito certific ched fe	If either, notify medical examiner) P.M. 19 ZId. INJURY OCCURRED 21e PLACE OF INJURY (AT NOME, FARM, STREET, FACTORY.) 2) F LOCATION Street or R.F.D. Na City or Town County State While Not where
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MC E E S S	of work ar work
V // VE & E & E	220. I certify that (1) (this hospital) attended the deceased from force, 1974, to 24,196, that (1) (we) los
No App	sow the deceased alive an 19 19 and that in (my) (our) opinion death occurred on the date and hour and from the
OR ATTEN be retained DIRECTOR: 3e 3 should led with the	couses stoted above (1) (we) (did) (did not) view the body after deoth.
本語の表演	226 SIGNATURE 220 DATE SIGNED
ed 3 Re ed y	DEGREE PHYS DIRECTOR
	22d. PHYSICIANS / 22e ADDRESS / C/G = O CO = TOLOR = CC-+
ERAL MOS	NAME ((ypp)
(1) 중 속 문호를	
TO HOSPITAL Poge 4 may TO FUNERAL director, pog should be fi	230 BUR AL CREMATON, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City of Town) (County) (State)
26 6 2 2	REMOVAL (Specify) 12-28-1968 Parklawn Cemetery Rockville Montgo. 12-28 Md.
F. F 00	24. FUNERAL DIRECTOR J. W. Lee JUST ADDRESS IL. Spr. Md. 250 REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE
VR A15 (4) 30M REV, 1 kas	Warner E. Pumphrey, Inc. 8434 Georgia Avenue MAN 3 1969 PCharles ander
no Del	The state of the s



	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17870
A STANDARD .	CERTIFICATE OF DEATH
4 _24	1. DECEASED-NAME First Middle Last 2a. DATE OF DEATH (Type ar print) S (10.10 P) Year 1, 40
ter deoth funerol s 1 ond 2 ter deoth	(Type or print) Elwine J. Matre 12 Month - Day Year 1040M
fun 1	3. SEX 4. RACE . S. DATE OF BIRTH 6. AGE (IN YEGES FUNDER 1 YEAR FUNDER 24 HRS
af age	Female white 6-19-96 last pirthday) YRS, MONTHS DAYS HOURS MIN.
hours s. frage	70. BIRTHPLACE State or foreign 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED 1 NEVER MARRIED 9. COUNTY OF DEATH
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i di	10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR
executed within 24 and completely filled is move corboth promotions only event, within 72	Bethes de give street address) Suburban during mast of working life, event Petired.) INDUSTRY
ed v	130 USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13d WISDE CITY UMITS? 13e STREET AND NIMBER
and completely remove corbol	admission) STATE Md. 136 COUNTY Montgoman Silver Sp. YES NO 1907 Rookwood Rd.
nd nd nem	14 FATHER'S NAME . First Middle Lost IS MOTHER'S MAIDEN HAME First Middle Lost
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hys igne urio urio	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
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	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 290 AUTOPSY? 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY HOUR AM. Month Day Year 19 P.M. Steet or R.E.D. No. (the or Town) County of Children (the or Town) Steet AUTOPSY 216 INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
AN: ol or icote for u	21d. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 3 □ DR CONTRIBUTING □ CAUSE OF DEATH HOUR A.M. Month Day Year
A Digital Big	S OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year
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the Detter	at work at work
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OR ATTENIOR DE retoined DIRECTOR: A Should be director with the ed with the	220. I certify that (!) (this hospital) attended the deceased fram 12-13-, 1968, to 17129, 1968, that (!) (we) last sow the deceased alive on 12-129 1968, and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated above, (!!) (we) (did) (did not) view the bady after death
AT AT Short	22b, SIGNATUNE 22c, DATE SIGNED
OR be r	Singurary Michaeller Degree PHYS DIRECTOR DIRECT
TAL AL Pogge e fill	NAME (Type) SIDNLY J. MALAWIR, M.D. 8218 Wisconsin Avenue, Bethesda, Md.
TO HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retoined by the hospital or TO FUNERAL DIRECTOR. After this certificate director, page 3 should be detached for u should be filed with the State Dept. of Heal	
O HOO Page O FUN direct shoul	230 BURIAL (REMATION, 23b DATE 23c NAME OF CEMETERY OR (REMATORY) 23d LOCATION (City or Town) (County) (State)
5 - 5 - 2	BUT1al 1/02/69 Spring Grove Cemetery Cincipati Ohio
VR A15 (4) 30M REV 1 68	ROBERT A. PUMPHREY, Bethesda, Harylandour, 969
V9911 NET 1 00	ROBERT A. FURTIREI, REURESGA, MATYLANGER,

MAKTLAND STATE DEPAKTMENT OF HEALTH





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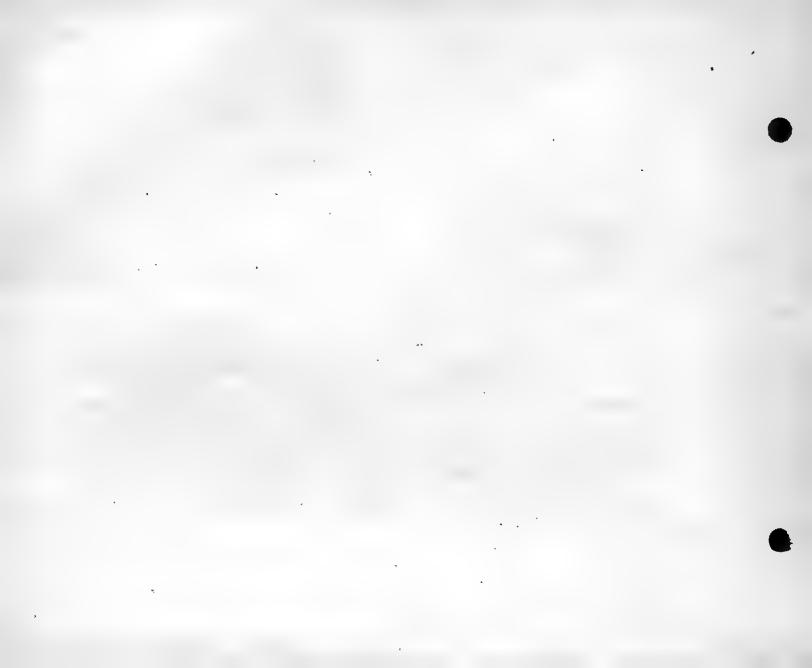
,	MAKYLAND STATE DEPARTMENT OF HEALTH	
	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
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		R 24 HRS.
E 8 2	1000 19, 1899 GY YRS	late!
24 hours after ed in by these pages.	70 BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
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executed within 24 completely filled move corban paperany event, within 7	130 USUA. RES DENCE (Where deceosed lived, if institution Residence before 13c CITY ON TOWN 13d NSIDE CTY, IMAJS7 13e STREET AND NUMBER 4905 Ertter Drive	
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d in ar	Unknown S Mother's Maiden Name First Middle Lost S Mother's Maiden Name First Middle Forsyth	
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_	1	MARTLAND STATE DEPARTMENT OF HEALTH
1		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
		CERTIFICATE OF DEATH 17874
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OR A) Direct Direct Signature Signat		226. SIGNATURE DEGREE PHYS DIRECTOR PHYS 22c. DATE SIGNED 22c. DATE SIGNED 12-2-C
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Figure 1	MEDICAL	DR CONTRIBUTING CAUSE OF DEATH				•
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completed director page 3 should be detached for use as the burial-transit permit. Then please remove cashauld be filed with the State Dept. of Health prior to burial, cremation, ar removal, and in any event	Ä	21d NILIRY OCCURRED 21a		CIDRY.) 21F LOCATION Street or R.F.D. No.	City or Town	County State
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ENE FENE Pied Sid The		saw the deceased al	(l) (we) (did) (did not) view the	hadv after death	nian death accurred an the d	ate and haur and tram the
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HO.	23g.	BURIAL, CREMATION, 235 [CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(County) (State)
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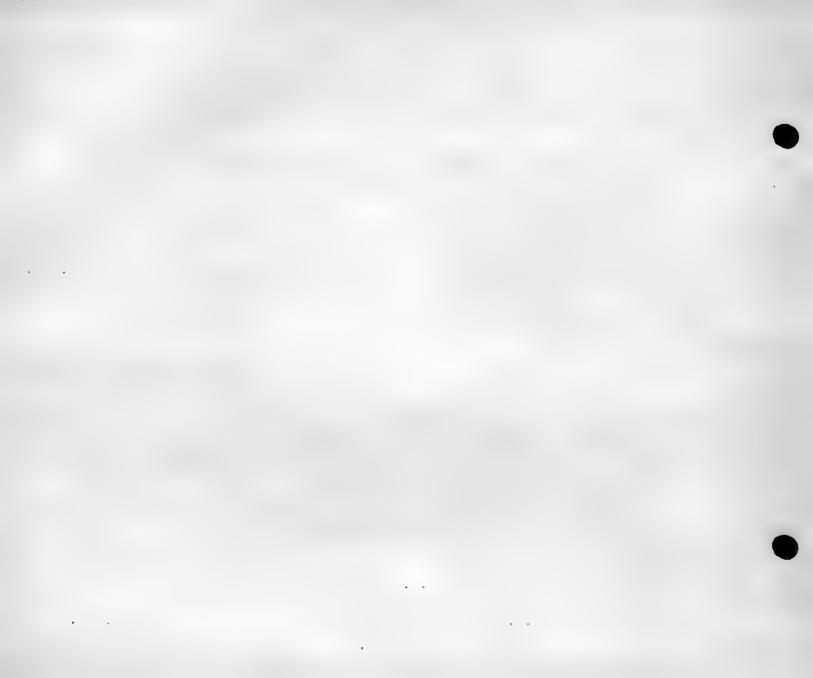
	1	MARILAND STATE DEFARIMENT OF HEALTH					
		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201					
		I was a way		CERTIFICATE OF DEATH		17878	
4 _24		CEASED-NAME First	Middle	Last	2a. DATE OF DEATH	2b HOUR	
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	3. SI		4 RACE	5. DATE OF BIRTH	6. AGE (In years	IF UNDER YEAR IF UNDER 24 HRS	
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and in	$oxed{\!$	THOMAS	W. HNderson		1ZA -	CANNON.	
a Serie		WAS DECEASED EVER IN U.S. ARA BS, no, or unknown) (If yes give w	Account the section of security	. 7	Address	,	
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ne death cer attending p permit. The		18. CAUSE OF DEATH (Enter on	y one cause per line far (a), (b), and (a			APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH \	
adii orre		PART I. DEATH WAS CAUSED IMMEDIA	O BY.		HCVD	10 yrs	
ante erm		4120	DUE TO, OR AS A CONSEQUENCE OF				
at the the (sit p	1	Canditions, if any, which gave					
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d b T T T T		stating the underlying cause	(e)				
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had	1	21d INJURY OCCURRED 21e. White Nat while at wark	PLACE OF INJURY (OFFICE BUILDING, FTC.	21f. LOCATION Street or R.F.D N	la. City or Tawn	Caunty State	
F de f de f	П	at wark at wark			/		
be Sta	L	220. I certify that (I) (th	is hospital) attended the deceo	ed from 8 - 87, 19 19 8 and that in (my) (our) a	67,10 /2-28,	196 K, that (1) (last	
R: A Bell		rouses stated above	, (I) (gra) (did) (did tot) view the	hody after death	pinian death occurred on the	date and nour and tram the	
T tail of the state of the stat		22b SIGNATURE	, (1) (10) (una) (una)		/ 22	RC DATE SIGNED	
OR ATTENDING PHYSICIAN: be retained by the haspital or DIRECTOR: After this certificate is 3 shauld be detached far used with the State Dept. af Healt		XI. h.	Some Sach	MATTENDING PHYS.	MED. DIRECTOR D STAFF D	12.28/18	
y b y b gode		22d. PHYSICIAN'S	Secretary .	22e. ADDRESS	DIRECTOR — TITO, — T	2 2000	
mo ERA Fr. p		NAME (Type) G. F.	SENGSTACK		BLUD, SILVER	SPRING MA.	
Page 4 may be retained by the haspital or attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Posshauld be filled with the State Dept. af Health priar ta burial, crematian, or remaval, and in any event, within 72 haurs	230	BURIAL, CREMATION, 23b. I		CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County), (State)	
Page dire	1	REMOVAL (Specify)		RESSIONAL CEM	WASHINGT	, ,,,	
		FUNERAL DIRECTOR	ADDRES	S 2Sa. REC'D	BY REGISTRAR 2Sb. REGISTRA	RS SIGNATURE	
VR A15 (4) 30M REV, 1/68	50	S. GAWLER'S SO.	NI, 5130 WIS. AVE, N	W, WASH, D.C. DATE JA	NZ 1989 200	conlar Judge	
	=			7 2	1000 //		



	ĮI.	tem 18 Film 408 1-13-59 MARYLAND STATE DEPARTMENT OF HEALTH	
	П	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
		CERTIFICATE OF DEATH 1787	9
death. neral and 2 death.		DECEASED-NAME First Middle Lost 2a. DATE OF DEATH (Type or print) 2a. DATE OF DEATH Month Day Year	2b. HOUR
deat and and deat		Chigheth Tilliss Millert die 22 1900	P 23 N
£ 1 = 1 = 1	3. \$	Total Marie Salaria	
S S S S S S S S S S S S S S S S S S S	Ļ	Jemale White 6/27/14 54" YRS.	
Thou hou	70 cou	BIRTHPLACE (Stote or foreign 7b CITIZEN OF WHAT COUNTRY? 8 MARRIED 1 NEVER MARRIED 1 9 COUNTY OF DEATH	
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The law requires that the death certificate be executed within 24 hours after attending physician. Has been signed by the attending physician and campleter filled in by the se as the burial-transit permit. Then please remove carbon papers the prior to burial, crematian, ar removal, and in any event, within 72 hours af	10	give street address) / during most of working .fe, even if retired INDUSTRY	OF BUSINESS OR
od within	, 13a.	2. JSJAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13d INSIDECUTY LIMITS? 13e STREET AND NUMBER	
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sicio Deci-		a WAS DECEASED EVER-UNUS ARMED FORCES? Yes ng, or unknown) 1 (II yes give wor or dates of service) 16b. SOCIAL SECURITY NO 17 INFORMANT	re tion
phys		- Husband Blenn Mc Cellan	4
ng l		18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY.	OX MATE INTERVAL IN ONSET AND DEATH
andi.		IMMEDIATE CAUSE (o) RICOLO CAPATAC AFFES C	hours
affice d		DUE TO, OR AS A CONSEQUENCE OF	
the sit mati	1	Conditions, if any, which gave (b) Hypoxia	
the children from the creek from the children fr		stating the underlying couse? DUE TO, OK AS A CONSEQUENCE OF	
ries ried ial-l		(1) ITACAS PLAZO CITA COPILITOR	hours
equires that the physician. signed by the control-transit purpose.		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
w rading	3	(d) Pneumonia, pulmonary atelectasis	
e la tenc as by as pria	CERTIFICATION	19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CAUSES OF DEATH?	CERTIFYING
Tanger /	ERTIF	YES NO CAUSES OF DEATH?	
d a la l			
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S PHYSIC the haspi this certi detached e Dept. of	-	21d INJURY OCCURRED While Not while at wark at wark	State
r de de		at work at work 12 at work 12 at a standard	-1 (1) () 1
Aft by St.		220. I certify that (i) (this hospital) attended the deceased from 12-13, 1968, ta 12-23, 1968, the saw the deceased alive an 12-23 1968 and that in (my) (our) opinion death accurred on the date and how	ar (I) (We) last
Per		causes stated above, (I) (we) (did) (did not) view the bady after death.	. /
F F F F F F F F F F F F F F F F F F F		226 SIGNATURE 22c DATE SIGNED STAFF 22c DATE SIGNED	-/21/
DIR be		DEGREE PHYS DIRECTOR LI PHYS L	3168
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached far use as the burial-transhauld be filed with the State Dept. af Health priar ta burial, crea	1	22d. PHYSICIAN S NAME (Type) W. G. Hall 22g. ADDRESS NAME (Type) W. G. Hall 22g. ADDRESS OLD West Montgomary Avenue, Rock	cyille.
OSP NES	A22	Mary	/land
Page Page Aire	230	BUR AL CREMATION, REMOVAL (Specify) Burial 23c NAME OF CEMETERY OF CREMATORY Parklawn emetery Rockville, Montgomery	(State)
\cap	24	Burial 12-26-1968 Parklawn Cemetery Rockville, Montgomery JUNERAL DIRECTOR 250 REGISTRAR 250 REGISTR	Co., Ma.
VR A15	1	Joseph Gawler's Sons, Inc., 5130 Wisc. Ave. DEC 2 0 1000 001	a data
(7)		N.W., Wach. D.C. 20016	-7



1 1	MARYLAND STATE DEPARTMENT OF HEALTH スーチウンですPIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
STATE		7880
DEPT.	1. DECEASED NAME (Type or Print) Michael Allen McCluskey 20 DATE KNOWN Month Do OF ESTI- DEATH MATED DOC. 3	y Year 25 HOUR
with the State Department of leath.	3 SEX 4 RACE S DATE OF BIRTH 6. AGE (In years IT UNDER 12 YEAR IF UNDER 14 HBS 20 DATE PRONOUNCED DEAD 1 S2P+ 4,1969- 1989 27 HOURS MIN Days 1 UNDER 14 HBS 20 DATE PRONOUNCED DEAD	Year 1967 // AM
	70. BIRTHPLACE (State or foreign of WHAT COUNTRY? Gountry) Md. 75. CITIZEN OF WHAT COUNTRY? WIDOWED DIVORCED 9 COUNTY OF DEATH WIDOWED DIVORCED MONT 10 MO	M
	Moniovia. give street address & lad hill Rd. during most of working life, even if retired) IND	KIND OF BUSINESS OR Dustry
	13a USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c (ITY OR TOWN admission) STATE Md. 13b. COUNTY Montgenery Monicula YES INO X Route I G/2	1 Kill Rd.
s after	14. FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First. Middle	Lowe Lost
72 haurs	160 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, ocunknown) (If yes give word or dottes of service) 16b SOCIAL SECURITY NO 17. INFORMANT ADDRESS Harry L. McCluskey. Jr. Monro	ovia. Md.
vithin 7	18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN QUSET AND DEATH 244
in any event within	Conditions, if any, which gove)	
in any	rise to immediate cause (a), stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
and	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
or remayar,	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21a EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day, Year HOUR A.M. CAUSE OF DEATH 21d INJURY OCCURRED (Enter nature of in ury in Port 1 or Part 2, Item PM 19 21d INJURY OCCURRED (Enter nature of in ury in Port 1 or Part 2, Item 21d INJURY OCCURRED (Enter nature of in ury in Port 1 or Part 2, Item 21d INJURY OCCURRED (Enter nature of in ury in Port 1 or Part 2, Item 21d INJURY OCCURRED (Enter nature of in ury in Port 1 or Part 2, Item 21d INJURY OCCURRED (Enter nature of in ury in Port 1 or Part 2, Item 21d INJURY OCCURRED (Enter nature of in ury in Port 1 or Part 2, Item 21d INJURY OCCURRED (Enter nature of in ury in Port 1 or Part 2, Item	20 AUTOPSY? YES X NO
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cremarian,	21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 21e. PLACE OF INJURY (At home, form, street, factory, affice building, etc.) 21f. LOCATION Street or R.F.D. Na. City or Yawn (Control of the control of the contro	aunty State
burial,	22a 1 certify that I taak charge of the remains described above, held an Autopsy . Inspection . Inquiry . death resulted from. Natural causes . Accident . Suicide . Hamicide . Undetermined manner	and in my apiniar
ealth prior to burial, crem	ACTUAL Of Ball CHIEF MEDICAL EXAMINER (NED
of the property	SIGNATURE EXAMINER'S NAME (Type) John G. Ball, M.D. ASSISIANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER ADDRESS(Street, c.ty, town, or county)	
Health		(elp12) (ytnu
5ME (5) QA	24 FUNERA DIRECTOR Olin L. Moles corth, Damascus, Md. 250 REC D BY REGISTRAR DATJAN 6 1969 Control of the con	



		MAKI EARD STATE DEPARTMENT OF REALTH
	_ 1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
1		CERTIFICATE OF DEATH 17881
	. 22	1 DECEMENT WHAT
•	death. Ineral ond 2 death.	1 DECEASED NAME (Type or print) A Month Dgy, Year, 2b, Hour
		1664 (10 L) 1110 (15 JA JULY 30, 19/28 57 M
	age of the state o	3 SEX 4 RACE 5 DATE OF BUTCH 6. AGE (In years 15 under 15 under 24 HRS 10st birthday) MONTHS DAYS HOURS MIN
		Millian White IIIIII 49 YRS
	in b	76 BIRTHPLACE (Stole or foreign country) 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED 9. COUNTY OF DEATH
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	requires that the deoth certificate be executed within 24 hours after g physician. I signed by the altendag physician and completely filled in by it is buriol-transit permit from please remove carbon popers. Pages buriol, crematian, artematian, or an in any event, within 72 nours after the popular and provided the provided that is a provided to the provided that is a provided that is a provided to the provided that is a provided that is a provided to the provided that is a pr	Odmiss on) STATE 13b COUNTY COUNTY COUNTY COUNTY TOWN 13c INSPECT AND NUMBER 38 0.2 - Colored States STATE NO NUMBER 38 0.2 - Colored States STATES NO
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	be ex ond errem	HIRACE L MCOUNT Eighen Dea
	ate de	160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, po, of unknown) 1 (1 yes give wor or dates of service) 16b SOCIAL SECURITY NO 17 INFORMANT EVELyn McCoy Address
	d physician moral, ond	Ves, po, or Jnknown) (tyes give wor or dotes of service) None Drazer Same as Item 13.
		18 CAUSE OF DEATH (Enter only one couse per line for (g), (b) apd (c)) APPROXIMATE INTERVAL BITMER ONST AND DEATH
	4 5 1	PART I DERITH WAS CAUSED BY
	dec fren rmi , or	IMMEDIATE CAUSE (6) VIEL COLORDINAL -
	tran	Conditions, if only, which gove DUE TO, OR AS A CONSEQUENCE OF
	at Hara	nse to immediate couse (a). (b)
	the signature of the si	stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF
	nysic nysic riol	- W
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
	ndiin	190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
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	eoft e	
	CA 連続を 手	GOR CONTRIBUTING CAUSE OF OFATH OUR A.M. Month Doy Year Office ther, not fy medical examiner) P.M. 19 21d INITIALY OCCURRED. 21e PLACE OF IMPLEY AND HOME FARM STREET ENGINEYA 21E LOCATION. Shoot of P.S. No. 2. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
	YSI oosp ceri hed the	21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No City of Town County Stole
	the http: this this defact	at work of work
	ffer be Stat	22a. I certify that (1) (this haspital) attended the deceased fram because 16, 19 66, to Lec 50, 1965, that (1) (we) last
	ATTENDING etained by th CTOR: After t should be de	saw the deceased alive an
	A September 19 Sep	22b SIGNATURE 22c DATE SIGNED
	OR De re	Torons Mb DEGREE PHYS DEGREE PHYS DEFECTOR DEFECTOR PHYS DIRECTOR 1-2-69
	A Land	22d PHYSICIANS 129. ADDRESS 2
	TO HOSPITAL OR ATTEND Page 4 may be retained to FUNERAL DIRECTOR: A director, page 3 should should be filed with the should be	NAME (Type) Wm. 1. IT ARCUS. 10620 Ocolgia ALL, Silver That
	Hour Jack	230 BURIAL CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d .OCATION (City or Town) (County) (Stote)
	5g 5 p 2	Cremation 1-3-69 Cedar Hill Crematory Suitland, Maryland
	(A)	24. FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR S SIGNATURE
	1/69	ROBERT A. PUMPHREY, Bethesda, Maryland DATE JAN 6 1969 Policyles Quege.



	1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
7	П	
***	L	17871 CERTIFICATE OF DEATH 17882
£ 55 £		FECEASED-NAME First Middle Lost 20 DATE OF DEATH 2b HOUR
9	1	Type or print) Bertha VIOLA WO Quae December 7 1468 10:25, M
5 (44)	3 2	EX 4. RACE S. DATE OF BIRTH 6. AGE (In years 1 fr. NOER I YEAR) IF UNDER 2 FIRS
₩ 20 00 00		Famala While 10-19-05 lost birthdoy) AND MONTHS DAYS HOURS MIN
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in by		nity) M
executed within 24 haurs after death and campletely filled in by the tribod amove carbon papers. Page than any event, within 72 hauft after deafti	10	
	10	(ITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done / 126 KIND OF BUSINESS OR during most of working life, even if refired). INDUSTRY
ecuted within 24 campletely filled give carbon page y event, within 7		Jokama Peuk WASHington Don HOSP, MELPAR The Fair allukell, VA.
blet car	130	USUAL RESIDENCE (Where deceosed I ved, if institution: Residence before 13c CITY OR TOWN 13d MISIDE CITY UM 157 13e STREET AND NUMBER 1850 (OUNTY 13b. COUNTY 13c CAUDE VEST NO 7 TOWN 13d MISIDE CITY UM 157 13e STREET AND NUMBER 150 (OUNTY 150)
execute and camp remave	0011	ission) STATE Virginia 176. COUNTY falls Church YES NO 7447 IDY/wood Rd,
and c remo	14	FATHER'S NAME First Middle Lost 5 MOTHER'S MAIDEN NAME First Middle Lost
2 2 2	П	William FIRTH TELWARDS
fingle be	160	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIA. SECURITY NO 17 INFORMANT
physician nen please naval, and i		(op no, or unknown) (If yes give wor or cores of service) 578-54-3199 HOSPITAL LORGIS, Jakan fack. Md.
hen hen	-	APOSTONIANT INTO-AL
ing ing		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) PART I DEATH WAS CAUSED BY
end mit ar	į.	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Circle al Edema 72 hours
ne death cer attending f permit. The		16 d DUE TO, OR AS A CONSEQUENCE OF
ta ta		Conditions, it only, which gove (b) Carcinoma metastatic to the train (multiply unknown
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OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 be retained by the haspital ar aftending physician. SIRECTOR: After this certificate has been signed by the attending physician and campletely filled in a 3 shauld be detached far use as the burial-transit permit. Then please remove carbon paper ed with the State Dept. af Health prior to burial, crematian, ar removal, and in any event, within 72		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
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ar the	CERTIFICATION	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
A the second X	18	YES NO CAUSES OF DEATH?
T a t a sign of the control of the c	1	210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the shauld be tiled with the State Dept. af Health prior to	230	BURIAL, CREMATON, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) (County) (Stote) 7 Falls Church Fairfax 15
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YR A15 (4) 30M REV 1768	24.	FUNERA DIRECTOR PROYS FUNERAL HADDRESS 250, RECID BY REGISTRAR 256, REGISTRAR'S SIGNATURE
30M REV 1/68	L	Cron Jackson Fall's Church pat BEC 1 2 1968 Clearles Judge

-	ı	.,	MARYLAN DIVISION OF VITAL RECORDS,		EPARTMENT OF H		11001	
		17872			TE OF DEATH	HORE, MARTLAND		883
€ - <u>2</u> €		ECEASED NAME First	Middle		Lost	2a DATE OF DEATH		2b. HOUR
dea	1	(ype or print) Paul V	Villiam McCULLAGH,	Jr.		7 December	1988 Y	eor 11:50AP
ē (ē	3 S	X	4. RACE	S	DATE OF BIRTH	6. AGE (in last birth	years IF UNDER	I YEAR JE UNDER 24 HRS.
So Sold Sold Sold Sold Sold Sold Sold So		ale .	Cauc	7	December 19	68 last birth	Aday) MONTHS YRS,	OAYS HOURS 1M H
by by	70	BIRTHPLACE (State or foreign	b. CITIZEN OF WHAT COUNTRY?	8 MARRIED	NEVER MARRIED	COUNTY OF DEATH	1	
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ond completely filled in by ne-fracely remove carbon papers. Pages, and in any event, within 72 hours after Jeanh	10	ITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR INS	TITUTION (If not	n hospital 12a. USUAL	OCCUPATION (Kind of w	ark done 12h K	IND OF BUSINESS OR
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plet corr	13a	USUAL RESIDENCE (Where deceased ission) STATE	lived, if institution, Residence before	13c. CITY OR TO		144 -1144-114	UMBER	
om som	GOIT	Virginia	13b COUNTY Arlington	Arling	TO YES NO	□ 1830 Col	umbia Pik	ce. Ant. 510
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he deoth tertiff: ottending phys permit. Then p		1B. CAUSE OF DEATH (Enter only	one couse per line far (a), (b), and (c).)				APPROXIMATE INTERVAL TWEEN ONSET AND DEATH
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AN: cote or u		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	216 TIME OF INJURY HOUR A.M. Month Doy Year	21c HOW	INJURY OCCURRED (Enter	nature of injury in Part i	ar Part 2, (tem 18.)	
Piriting and the second	MEDICAL	(if either, notify medical examine) P.M. 19					
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FEN Ped		consec stated above	(bx (we) (d d) (btilt mox) view the l	hody after dea	not in-Kally) (our) opin	ian deoth accurred o	in the date and l	haur and fram the
TA E SE		22b. SIGNATURE	11	body diler de			22c DATE SIGN	yen.
OR COR		l X	MINITED AD	DEGREE	ATTENDING MEI	ECTOR D STAFF	7 9 Dece	
AL D		22d. PHYSICIAN S	Town The second		22e ADDRESS	1113		
PIT.		NAME (Type) G. P.	SCHWARTZ, M. D.		Naval Hosp	ital, Bethe	sda, Md.	
TO HOSPITAL OR ATTENDING PHYSICIAN: The faw requires that the death (entiting the be executed we provided the following physician). TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete director, page 3 should be detached for use as the burial-transit permit. Then please remove carl should be filed with the State Dept of Health prior to burial, cremation, or removal, and in any event,	23 a	BUR AL (REMATION, 235 DA	11-68 23c NAME OF	CEMETERY OR CR		23d LOCATION (City or To		y) (State)
5 5 5 5 K		SENOTAP (Section) 155-	LL-08 Summi	t Wiew	"emotern		(Logan Dk	
VR A15 (4)	24	FUNERAL DIRECTOR Robert	A. Pumphrey Fune:	ral Home	250 RECD BY	REGISTRAR 25b R		X.
45M - 1/69		7557 Wisconsin	Ave., Bethesda, Mo	d.	DATEDEC	16 1968	Markey	mage



حدي ا		ems 18-22a Film 408 MARYLAND STATE DEPARTMENT OF HEALTH 2-69 ams DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE			7884
HEALTH DEPT		DECEASED-NAME First M-ddle Lost 20. DATE KNOWN [7] Month DI	ay Year 2b. HOUR
5 5 8 5 X		DEATH MATED	18 1968B:45A
y delay in and 3 the PM3. Pog	3 \$	SEX 4 RACE S DATE OF BIRTH 6. AGE (In yours 1 F UNDER 1 YEAR IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD YRS 1 Tyhite 1 -5-11 7 YRS 1 F UNDER 1 YEAR 1 F UNDER 24 HRS 2c. DATE PRONOUNCED DEAD YRS 1 YRS 1 F UNDER 1 YEAR 1 F UNDER 24 HRS 2c. DATE PRONOUNCED DEAD YRS 1 YRS 1 F UNDER 1 YEAR 1 F UNDER 1	Year 1968 8 7 M
<u>.</u>		BIRTHPLACE (State or foreign 75. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVERCED MONTGOMERY	Md
deoth ve Page with torm the State De	10.		b KIND OF BUSINESS OR DUSTRY
offee all	13a	USJAL RESIDENCE (Where deceased wed, if institution, Residence before 13c CITY OR TOWN 13d MISIDE CITY LIMITS? 13e STREET AND NUMBER Admission) STATE DC 21/3 Rock Croek	Chunch Pd
hour Item Office I and 2		FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle George McDoviell Pridgett mcGlvnn	rast
s certificate should be executed within 24, writing the word "pending" in pencil in forwarded to thm Chief Medical Exominer's usud os o buriol-tronsit permit. File pages smoval, and in any event within 72 hours		WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, n.g., ar unknawn) (If yes give wer or detes of service) 16b SOCIAL SECURITY NO. 17. INFORMANT ADDRESS hospital record	
be executed with "pending" in pending in pendical Exorement Medical Exorement permit. File event within 72		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART DEATH WAS CAUSED BY: MANUAL CAUSE COurse Multiple extreme internal injuries	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
be exec "pendin nef Med onsit per event w		5 / 6. O DUE TO, OR AS A CONSEQUENCE OF	
d be Chief ronsi		Condut ons, if ony, which gove tise to immediate couse (a), (b) with exsanguination incurred in	
certificate should be every writing the word "per prwarded to thm Chief I usmd os o buriol-tronsit novol, ond in ony ever		storing the underlying couse DUE TO, OR AS A CONSEQUENCE OF auto accident	
the slate of to obtained in		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	
iffica ifing arde arde of, c	8	34	
	CERTIFICATION	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY? YES NO
# - P	MEDICAL CER	210 EXTERNAL CAUSE WAS PR.MARY OR CONTRIBUTING 10:30 M 12-16 1968 21c. HOW INJURY OCCURRED (Enter acture of injury in Port) of Party Cause of Death of Auto Which left road, and see the property of the prope	tontrol struck pole
= 0 22 + 12 G	I3W	WHILE OND WHILE Toctory, office building, etc.)	Caunty State
		WITCH CLASTON CLASTON	J.
bleate exect director. Po estained for DIRECTOR:		22a. I certify that I took charge of the remains described above, held on Autopsy (X). Inspection (X), Inquiry (X), death resulted from: Natural causes (X), Accident (X), Sucide (X), Homicide (X), Undetermined manner (X)	
pleose el director.		CHIEF MEDICAL EXAMINER	-
		ACTUAL SIGNATURE 22b. DATE SHO	SNED
ro DEPUTY necessory, pl the furerol of S may be re fro FUNERAL II Hadith prior		EXAMINER'S BELDEN KEAP M.D. ADDRYSS (1994) 'GAY BOYN DECOUNTY) DEC.	18,1468
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VR A15ME (5) 10M REV 1/68	24	rema June al love Inc. J. Winter Waller 254 Cerral (NIN) DATE 6 3 1500 A BEGISTAR 2519	Marietages



,		MARYLAND STATE DEPARTMENT OF HEALTH	
		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	L		7885
HEALTH DEPT.	1 0	DECEASED-NAME (Type or Print) OF ESTI- OF ESTI-	Day Yeor 2b. HOUR
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Give Pages and with fa	1	30 the 3da Ou Bertain for mile maker	III DOSIKI
s after death 18. Give Page along with the Str death.		USUAL RESIDENCE (Where deceased hyed, if institution: Residence before 13c CDY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER 13d INSIDE CITY LIMITS? 13b. COUNTY	0/ 1/
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This certificate isate, writing the be forwarded to do be used as a bar remayal, and		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
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te e et in i	ERTIE	210. EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Ite	YES NO 🛛
	N N	PRIMARY OR CONTRIBUTING X 1 2 HOUR A.M. ALON 3 C 19 1 7 0 PP 4 P	J.D 1/2
KAMINER: 1 te the certific je 4 shauld b faur files. age 3 should cremation, al	MEDICAL	CALSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF IN, URY (At home, form, street, 21f. LOCATION Street or R.F.D. No. (ity or Town)	County State
	-	WHILE OND WHILE of foctory office building, etc.)	1 4
L EXA ecute Page or you R:Pag			elli douter f
		22a certify that I taak charge of the remains described above, held an Autopsy, Inspection	
ose case rectoring RECT		death resulted from: Natural causes , Accident , Suicide , Hamicide , Undetermined manner (
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PT. Pri		SIGNATURE	2 1010
大 再 是 \$ 全 是 以		EXAMINER'S NAME (Type) JOHN G. BALL DEPUTY MEDICAL EXAMINER ADDRESS(Street, city, town, or countyBethesde	MA -
TO DEPUTY DICA necessary, please ex the funeral director. 5 may be retained to FUNERAL DIRECTOR Health prior to burn	220		
E	200		County) Ge (Stote) Md.
Do	24.	FUNERAL DIRECTOR RODERT A. Primphreyaddress 1250 REC D BY REGISTRAR 1250 REG STRARS S	IGNATURE
VR A15ME (5)			May Indae



			IND STATE DEPARTMENT OF HEA		
		DIVISION OF VITAL RECORD	S, 301 W. PRESTON STREET, BALTIMO	RE, MARYLAND 21201	× 0 0 -
	_		CERTIFICATE OF DEATH		788 6
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cuted a smpleti ve carl	odm	USEAL RESIDENCE (Where deceased lived, function Residence Beforesission) STATE 13b. COUNTY	Te 13c. CITY OR TOWN 13d INSIDE CITY LIM TS? YES NO	13e STREET AND NUMBER	
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o and and and and	14	ATHER'S NAME First Middle Lost	15 MOTHER'S MAIDEN NAME First	M ddls	Lost
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rerth hen hen			11 I WILLIAM II	12/araujiray.	APPROX MATE IN UNA
ding the ren		18. CAUSE OF DEATH (Enter only one couse per time for (a), (b), and (PART 1 DEATH WAS CAUSED BY.	0)		APPROX MATE IN LEASE BETWEEN ONSET AND THE
deo deo frmi		PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Pulmonary of the state of the stat	dema and congestion		
of the or the or sit pe or mation		Conditions, if any, which gave	heart failure		
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requires that the death certifical physicion. signed by the attending physical burial-transit permit. Then ple burial, cremation, or remavel, a		stoting the underlying couse DUE TO, OR AS A CONSEQUENCE C	Tr.		
aphys igne urrio	li	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE OR CONDIT	TION GIVEN IN PART 1(a)	
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The law attendin hos been see as the prior of the prior of the prior of the	CERTIFICATION	196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS I	PERFORMED 20g. AUTOPSY?	20b. IF YES, WERE FINDINGS CONST	DERED IN CERTIFYING
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ar are		216 ACCIDENT WAS UNDERLYING 215 TIME OF INJURY	21c HOW INJURY OCCURRED (Enter notu	ire of injury in Port 1 or Part 2, Item	18)
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OR ATTENDING PHYSICIAN: De retained by the hospitol or INECTOR: After this certificate a 3 shauld be detached for u ed with the State Dept of Heal	ME	21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET HOME) OFFICE BUILDING, ETC.	FACTORY.) 21f LOCATION Street or R.F.D. No.	City of Town (c	ounty State
the detre		t work of work			
be Stot		22a. I certify that (1) (this hospital) ottended the decea saw the deceased alive an couses stated above, (1) (we) (did) (did nat) view the	sed from Dec / 1964	, to pec // , 1960	P, that (I) (we) last
Be ded Find		couses stated above (1) (we) (did) (did not) view the	_19@ / , and that in (my) (our) apinion	death occurred on the dote o	and haur and from the
Faring State		22b SIGNATURE - 1	/ C	22c DATE	
0 % Per re r		Stieval Jakes 1	T DEGREE PHYS DIRECTO	STAFF NOT	12.65
AL DOG PER FILE		22d PHYSICIAN'S	XY A 22e ADDRESS 54/4	S W. Cedan	1-61HP
SPITAL OR ATTEND 4 may be retained 4 may be retained 6 may be retained 7 may be retained 7 may be retained 8 may be retained 9 may be retained 10 may be retained 10 may be retained 10 may be retained 10 may be retained		NAME (Type) S/civar/ C/app	MIL. Roth	eda MJ	
	2 3a		F CEMETERY OR CREMATORY 23d	LOCATION (City of Town) (Co	ounty), (State)
5 5 5 2 V	6	REMOVAL SPECIAL 12-18-68 MARTIN	isburg Cemelery N	lARTinsburg M	only mal.
VR A 5 (4)	24/	UNERA. DIRECTOR ADDRES	250 RECID BY REG		VATURE
45M +/69 1	N	over L. snowdle Koch	kvellem DABEC 20	1968 Schools	1 Judge



	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
	CERTIFICATE OF DEATH 17887
٠ - 2 - £	DECEASED-NAME First Middle Last 2a DATE OF DEATH 2b HOUR
dead	(Type or print) Emma Marie M. Vearry Month Doy Year VI:40
(a) / A ↑ ≥	SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years I I UNDER 1 YEAR I IF UNDER 24 HRS.
	Female White 10/30/96 lost birthday) MANN DAVS HOURS MAIN
a 19 a	BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH
1160 in papers	D.C. U.S. H. WIDOWED DIVORCED Morentornery M
	CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (if not in bosoital \$120 IIISIAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR
mpletely fille	Silver Sping give street oddress) Halings duffer work and life, even if retired.) INDISTRY home
ed v	O JSUAL RESIDENCE (Where deceosed lived, if institution, Residence before 03c CTY OR TOWN 13d MISIOE CITY LIMITS? 13e. STREET AND NUMBER 13b COUNTY Inc. 12b C
campletely fill ove carban py event, within	rissian) STATE m. d. 13b COUNTY Mountgoner Sutrassum YES 12 NO 12804 Mater Road
and creme in any	FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle Lost
ate be executicion and camplease remove and in any eve	Henry G. Wienecke Emma Becker
cate Sicio Secional	o. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, or unknown) 1 (If yos give weir or dates of service)
ertificate b physician pen please aval, and ii	no 577-48-7913 [numa De Simone 12806 Matey Road, S.S., Md
that the death certific an. by the attending phys transit permit. Then p crematian, or remaval,	18. CAUSE OF DEATH (Enter only one cause per fine for (a), (b), and (c)) BETWEEN ONSET AND DEATH
eatl mit. or r	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardica Consulprise (b)
atte perr	DUE TO, OR AS A CONSEQUENCE OF CLASSIC TO THE STATE OF TH
the the rate	Conditions, it'ony, which gave nse to immediate cause (a), (b). Challed Iffy a caralled Adams 48 Mr.
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equires that the physician. signed by the burial-transit purial.	last (c) Citures Climalle Harry pelsepholist 2 yr
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the har at	21a ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 1B.)
PHYSICIAN: The e haspital ar atte his certificate has stached far use o Dept. af Health pr	
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OR ATTENDIN be retained by DIRECTOR: Afte ga 3 should be ed with the Sta	22b. SIGNATURE ATTENDING DIRECTOR DIRECTOR PHYS 22c. DATE SIGNED 22c. DATE SIGNED
L OR / be r DIRE	22d. PHYSICIAN'S 22e, ADDRESS, 22e, ADDRESS,
RAIL RAIL	NAME (Type) DALPH F. SHITEN FOT Moderal Kingling
Page 4 may be retained by the haspital ar O FUNERAL DIRECTOR: After this certificate director, page 3 should be detached far us should be filed with the State Dept. af Healt	BURIAL CREMATION, 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) (County) (County)
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P	FUNERAL DIRECTOR M. Hydren Durall, ADDRESS IL. Spr. Md. 250, REC D BY REGISTRAR CO. 256, REGISTRAR S YGNATURE
30M REV	Varner & Pumphrey Inc. 8434 Georgia Avenue DATE C 5 1968 June

MAKTLAND STATE DEPARTMENT OF HEALTH



		1		MAKILAND STATE DEPARTMENT OF HEALTH	,
2 1				DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
				CERTIFICATE OF DEATH	17888
	로 2로		3. DI	CEASED-NAME First Middle Lost 20. DATE OF DEATH	2b. HOUR
	ir deoth funeral i and 2 er deoth		(1	ype or print) SENA P MEDICL Marth 3004	6 9 / 3 gm
	fun		3. SE	X 4. RACE S DATE OF BIRTH 6. AGE (in years IF	UNDER 1 YEAR OF UNDER 24 HRS.
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	E (\$\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\			SIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED 7 NEVER MARRIED 7 9. COUNTY OF DEATH	
	4 E 8 Z		COUL	NEB USA WIDOWED DIVORCED MONTOOMERKY	Country Md
			10. 0	ITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done	126 KIND OF BUSINESS OR
,	夏 夏 夏	+	S	TIVERSOCKE Med street oddress) (CROSS during mast at working life, even if retired)	own home
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	execution company on the company of	1	14. [ATHERS NAME First Middle Loss 15. MOTHERS MAIDEN NAME First Middle	Lost
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	ote bi icíon (lease and (16a.	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Address Sa	L.Spr. Md.
	tific hys n p vai,			es. Re. or unknown) ("f yes give wor or dotes of service) 526-26-8897 Mrs. Charles Kinahan 12919 Val	leywood Dr.
	ot the death cer the attending p nsit permit. The mation, or remo			18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	f f			18. CAUSE OF DEATH (Enter only one cause per l'ine far (o), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o). CARDIAC ARRES T	MINUTES
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	the tree trees			stating the underlying cause DUE TO, OR &S A CONSEQUENCE OF	11
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	The affer hos hos se control the p	-/	CERTIFICATION	YES NO [CAUSES OF DEATH?	
	AN: The	- /		210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item	л 18.)
	E PER E		MEDICAL	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M. 19	
	VSI osp cerl hed hed		MED		County State
	IDING PHYSICIAN: The law rail by the hospital or attending After this certificate hos been I be detached for use as the state Dept of Health prior to			THE STATE OF THE S	
	NG The offer offer offer dear			of work at work 1 (1) (thus bosoital) attended the deceased from months 19 68, to 12 / 3 19 6	8, that (I) (we) last
	Affer Affer Stol			22a I certify that (I) (this hospital) attended the deceased fram number, 19 68, to 12 / 3 , 19 6 saw the deceased alive an 12 / 2 19 68, and that in (my) (our) apinion death accurred an the date	and hour and fram the
	# # # # # # # # # # # # # # # # # # #			causes stated above, (1) (we) (did) (did net) view the bady after death.	
	E B C S E				E SIGNED _
	OR ATTEND be retained DIRECTOR: A je 3 should ed with the			Hendly, Staff DEGREE PHYS DIRECTOR DIRECTOR DIRECTOR 12/2/	3/68
	AL Dogg			22d PHYSICIAN'S / 22e ADDRESS	
	O HOSPITAL OR ATTENI Page 4 may be retained O FUNERAL DIRECTOR: A director, page 3 should should be filed with the	The state of the s		NAME (Type) HAROLD W. BRAPER M.D. 1980/ GEORGIA AUE; Silv	ox Spring, hole
	HOS UN ecte		23a	BURIAL, CREMATION, 236 DATE 230 NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Toxing Line 2)	Seattle (State)
	Page 10 FUN		1	B. RIAL, (REMATION, 1236 DATE 230 NAME OF CEMETERY OR CREMATORY ROCK Springs 23d LOCATION (City or To-Splue et Rock Springs)	Wyoming
	VR ATS (4	1).	24.5	DEBADDIRECTE C. Glen Conter ADDRESS SIL. Spr. Md. So. REC'D BY REGISTRAR 25b. REGISTRAR SIG	SNATURE
	30M REV. 1	/68	Wa	rner E. Pumphrey, Inc. 8434Georgia Avenue DEG 3 1868 yourse	1 June
			<u> </u>		



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 17889 DECEASED-NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR requires that the death certificate be executed within 24 hours after death (Type or print) John December Mentzer 1:55Pm Bruce 4 RACE 3. SEX S. DATE OF BIRTH 6. AGE (in years IF LINDER 1 YEAR lost birthdoy) HOURS Male White 1 July 1914 70 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED (Ountry) Pennsylvania meletely filled in DIVORCED [USA WIDOWED F Montgomery 10 CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (Kind of work done 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 125 KIND OF BUSINESS OR The Clinical Center, NIH during most of working life, even if retired)
Usual: Contractor Construction Bethesda 13a, LSUAL RESIDENCE (Where deceased lived, if institution. Residence before) 13c CITY OR TOWN 13e STREET AND NUMBER 13d. INSIDE CITY LIM-TS? odmission) STATE Pennsylvania 13b. COUNTY NO T эхоп Newville 14 FATHERS NAME IS MOTHER'S MAIDEN NAME First Middle Eirst Middle Lost Last Souders burial, cremation, or removal, and in Bruce Mentzer Bertha the attending physician sit permit. Then please 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT The Medical Record Address Yes, no, or unknown) (If yes give war or dates at service) 215-03-2424 The Clinical Center, Bethesda, Maryland 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).]

PART I DEATH WAS CAUSED BY
IMMEDIATE CAUSE (a)

Progressive BETWEEN ONSET AND DEATH signed by the attendir burial-transit permit. Progressive Cachexia 8 months DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove) Mycosis Fungoides 10 years rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the hospital or attending physician. stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) has been s prior to b History of coronary artery disease 19g, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO 🗔 YESX X Yes director, page 3 should be detached for use should be filed with the State Dept. of Health **FUNERAL DIRECTOR:** After this certificate irector, page 3 should be detached for us 21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year 21d INJURY OCCURRED (AT HOME, FARM, STREET, FACTORY,) 21e. PLACE OF INJURY 21f LOCATION Street or R F D. No. City or Town County Stote While Not while 22a. I certify that (i) (this haspital) attended the deceased from February 1, 1968, to December 1, 1968, that (K) (we) last saw the deceased alive an December 1, 1968, and that in My) (aur) opinion death occurred on the date and have and from the , and that in (my) (aur) opinion deoth occurred on the date and haur and from the causes stated above, (we) (did) (we) view the body ofter death 22b SIGNATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR STAFF PHYS. DEGREE 2 December 1968 220 ADDRESS The Clinical Center, National 22d. PHYSICIAN S Ervin H. Epstein. M.D. Institutes of Health, Bethesda, Md. 23d. LOCATION (City or Towo) umb (County) nd (State) 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23a. BUR AL CREMATION REMOVAL (Specify) Prospect Will Tennshere form hip Fa-2So. REC'D BY REGISTRAR 2Sb. REGISTRAR S SIGNATURE 24. FUNERAL DIRECTOR **ADDRESS** VR A15 (4) - Mocles 1968 30M REV 1/68

MARYLAND STATE DEPARTMENT OF HEALTH





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17891 CERTIFICATE OF DEATH Middle Lost I. DECEASED-NAME First 20. DATE OF DEATH 2b. HOUR 24 haurs after deoth (Type or print) Month Harry Miles Norman December 1968 3. SEX 4. RACE 5. DATE OF BIRTH IF UNDER I YEAR 6 AGE (in years lost bighday) DAYS HOURS 1887 Male White August 27. 70 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH ^{8.} Married 🙀 Never Married 🗔 country) Montgomery DIVORCED Maryland WIDOWED [be detached for use as the burial-tronsit permit. Then please remove c<u>orb</u>on poper Stote Dept. of Heolth prior to buriol, cremation, ar removal, ond in any event, within 72 completely filled 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120, USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) 267 engressiona puring most of working life, even if retired) MDJ. Courthouse Employee INDUSTRY corbon Rockville 130 USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? requires that the death certificate be executed odmission) STATMaryland 13b COUNTY Montgomery Rockvile 263 Congressional Lane 15. MOTHER'S MAIDEN NAME First 14. FATHER'S NAME Middle lost (Unknown) Herbert Jenny Miles 16b. SOCIAL SECURITY NO. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address 218-38-8260 Wife (Above) APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) signed by the burial-tronsit p Conditions, if ony, which gove) rise to immediate cause (a). AS A LONSEQUENCE OF DUE TO, OR stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES [TO FUNERAL DIRECTOR: After this certificate be retained by the hospitol or 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 23c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M. (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e PLACE OF INJURY Stote City or Town County While Not while at work 22a. I certify that (I) (this hospital) attended the deceased from 12-15
saw the deceased glive an 12-21 1966, and that in (saw the deceased alive an. 1968, and that in (my) (em) opinion death accurred on the date and hour and from the director, page 3 should should be filed with the causes stated above, (1) (we) (did) (did net) yiew the body after death. 22b. SIGNATURE 22c. DATE SIGNED DEGREE DIRECTOR 22d. PHYSICIAN'S NAME (Type) William G. Hall West Montgomery Avenue 234 NAME OF CEMETERY OR CREMATORY CHEVILLY 230, LOCAHON CHEVILLY 23b DATE (County) 230. BURIAL, CREMATION REMOVAL (Specify) 12/31/68 Montg. Damascus Damascus Cemetery 25b REGISTRAR S SIGNATURE ADDRESS 250 REC'D BY REGISTRAR 24 FLINERAL DIRECTOR 1331 Rockville Tyson Wheeler Funeral Home Rockville. Maryland



	1	MARYLAND STATE DEPARTMENT OF HEALTH	D.F
. 0-	- 1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	4
17		CERTIFICATE OF DEATH	17892
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and c		4 FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First // Middle	Lost
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e death certificate b attending physician permat. Then please an, ar remaval, and i		577-44-2575 We pander on the service 577-44-2575 We pander in Mil	de corre
an de la ce		IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Calcific aortic stenosis	APPROX MATE INTERVAL BETWEEN ONSET AND DEATH
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- Page -		Direction - 1913	2/27/68
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No.		i		TAGE A		CERTIFICATE OF DEATH	17893
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Die G			MEDICAL	(If either, notify medical examine	er) P.M. 19	9	
HYS	s ce sche			21d. INJURY OCCURRED 21e P	PLACE OF INJURY (AT HOME, FARM, STREET, FAR OFFICE BUILDING, ETC.	(GORY) 21f LOCATION Street or R.F.D. No	City or Town County State
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NI Ag	fter be			22a. I certify that (I) (this	haspital) attended the decease	ed from / 9 / 19_	10 10ec. 24, 1960, that (1) (we) last
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Tain Itain	2 4 4		Н	22b. SIGNATURE	(i) (we) (did) (did noi) view life	body oner deont.	22c DATE SIGNED
OR Joe re	3. 		Ш	Varle-Osh	umacher	DEGREE PHYS	AED. STAFF D /2-25-69
× 11 0				22d. PHYSICIAN'S		11112	
Z E	P P	- 1	Н	NAME (Type) JACK	SCHUMACHER, M.D.	105 Russe	LL Ave.Galthersburg, Mo.
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital or attending physician.	to FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pagesel and should be filed with the State Dept. at Health priar ta burial, crematian, ar remaval, and in any event, within 72 haurs after deather.		23 p.	BURIAL CREMATION, 236 D.	ATE 23c NAME OF	CEMETERY OR CREMATORY	23d LOCATION (City or Town) (County) (Stote)
Pag P	P. F. S.			*********		Grove Bapt, Churc	
-		00	24	EUNERAL DIRECTOR	2 ADDRESS		Y REGISTRAR 2Sb. REGISTRAR'S SIGNATURE
	30M REV	1	1	obert L. x	Inowden	Rockville, MdwwJAN	3 1969 Clearles Judge



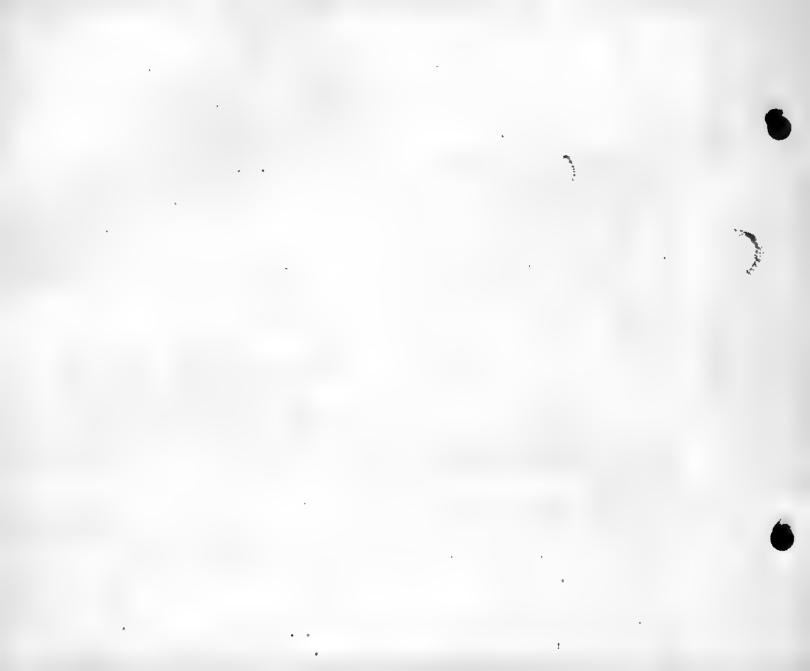
	MARTLAND STATE DEPARTMENT OF HEALTH					
*1		15863	DIVISION OF VITAL RECOI	RDS, 301 W. PRESTON STREET, BA		4800
		21030		CERTIFICATE OF DEAT	H	17894
# # # # # # # # # # # # # # # # # # #		CEASED-NAME First	Middle	Lost	2a. DATE OF DEATH	2b. HOUR
dea anc dea	Į,	Abe or billing	OMAS P.	MORGAN	Month Da	2 19108 10 PM
fur fur fer	3. SE		4 RACE	S DATE OF BIRTH	6. AGE (in years lost birthday)	1F UNDER 1 YEAR
the the		M	1 White	12/27	104 COST PIRTURDAY) YRS.	MONTHS DAYS HOURS MIN
haurs after death. jn by the funeral res Pages 1 and 2 g haurs after death.	7a 1	IRTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT COUNTRY?	B. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
The law requires that the death certificate be executed within 24 haurs after death, attending physician and completely filled in by the funeral has been signed by the attending physician and completely filled in by the funeral se as the burial-transit permit. Then phase remave carban papers a Pages I and 2 th prior to burial, cremation, ar remaval, and/n any event, within 72 haurs after death.	cour	D. C.	USA	WIDOWED DIVORCED	MONT GOM	ER(1 Md
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od v		USUAL RESIDENCE (Where deceos		fore 13c. CITY OR TOWN / 13d INSIDE C	TTY LIMITS? 13e. STREET AND NUMBER	and the same of th
e executed with and completely fremave carban any event, wit	odm	ssion) STATE MA.	136 COUNTY MONT.	S.S. YES IP	NO 12403 FE	Ldon St.
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ertificate be mysician fen plasse len plasse aval, anakt		WAS DECEASED EVER IN U.S. ARN	NED FORCES? 16b SOCIAL SECU		Address	
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Cer H		18. CAUSE OF DEATH (Enter on	y one cause per line far (a), (b), ar	ad (c))	0011	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ine death ce attending permit. It		PART I DEATH WAS CAUSED	ATE CAUSE (0) Mas		elizal Henricas	e Inde
attendi attendi permit.		4329	DUE TO, OR AS A CONSEQUENCE			
the of th		Conditions, if ony, which gave		soclerone of Oba	Tuestian Right a	and Left
that an. by t irans crem		nse to immediate cause (a), stating the underlying couse	DUE TO, OR AS A CONSEQUENCE	EDF / D A	2 .00 £	
es 1 sica bd b al, c		last .	(c) follows	Caroled Hole	re Complete	
The law requires that the death certificate be executed within 24 attending physician, and completely filled in has been signed by the attending physician and completely filled is se as the burial-transit permit. Then permits any event, within 72, the prior to burial, crematian, ar removal, anoth any event, within 72,		PART 2 OTHER SIGNIFICANT COM	DITIONS CONTRIBUTING TO DEATH E	UT NOT RELATED TO THE TERMINAL DISEASE	OR CONDIT ON GIVEN MY PART, I(0)	
ng l		Atherosele	rain + Pul	is Obstruction V	exterial Anter	,
law ber ber s # s	CERTIFICATION	190. DATE OF OPERATION 1196.	CONDITION FOR WHICH OPERATION W	AS PERFORMED 200. AUTOPSY?	206 IF YES, WERE FINDING	CONSIDERED IN CERTIFYING
The affer has se as	買	11/24/68 + 11/27/	68 Obstruction	Caroled Home YES IN NO	CAUSES OF DEATH?	Yes
ATENDING PHYSICIAN: The law re retained by the haspital ar attending IECTOR: After this certificate has been 3 shaurd be detached far use as the with the State Dept. of Health prior ta		216 ACCIDENT WAS JNDERLYN			Enter nature of injury in Part 1 or Port 2,	
CIA The state of the state of t	MEDICAL	OR CONTRIBUTING CAUSE OF DEAT		Year		
OR ATTENDING PHYSICIAN: be retained by the haspital ar DIRECTOR: After this certificate ge 3 shaurd be detached far us led with the State Dept. of Healt	WE.	214 INTERV OCCUPPED 1216		EET, FACTORY, 21F LOCATION Street of R.F.D.	No. City or Town	County State
he h		While Nat while ot wark	COPPLE BUILDING, EI		10 10/2	1.0
DING J by fl After J be d		22a. I certify that (I) (th	is hospital) attended the de	teosed from	9 6 8, to 12/12, 19	6 8 , that (1) (we) last
OR ATTENDIN OP retained by OR ATTENDIN OF ATTENDING PE E 3 shaved be ed with the Sta		sow the deceased a	live an /2/2	19 & &, and that in (my) (our)	opinion deoth accurred on the d	ate and havr and from the
and Salah da			e, (1) (we) (did) (did not) view	/		DATE CIONES
Wil Sala		22b SIGNATURE	· 138/1	DEGREE PHYS	MEU. The STAFF control	DATE SIGNED
o per de	1	201 DHACIUMAN POL	for hand	DEGREE PHYS. LEF	DIRECTOR PHYS.	773/68
RAI PE		22d. PHYSICIAN'S NAME (Type)		124. NDDRESS		
TO HOSPITAL OR ATTEN Page 4 may be retained TO FUNERAL DIRECTOR: director, page 3 shourd should be filed with the	22-	DIIDIA CORMATION I 325	DATE 192, MAIL	L OE CEMETERY OR CREMATORY	23d IOCATION (City or Toyle)	(Accept) (Adams))
Page of sold	C 1	BURIAL, CREMATION, 23b. 1 尼州VA·七中也九 12	DATE 23c NAN 2/15/68 Lee	e of cemetery or crematory	23d LOCATION (City or Town) Washington,	D.C. 20002
		FUNERAL DIRECTOR			'D BY REGISTRAR 25b. REGISTRAR'	
VR A15 (4) 30M REV 1/68		ee Funeral H			EC 19 1968 RCL	
	H			O NORTH	2010100	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME Middle Last 2a. DATE OF DEATH death. 2b HOUR (Type or print) Dec SARAH MORRIS offer 3 SEX 4 RACE S DATE OF BIRTH 6 AGE (in years IF UNDER I YEAR IF UNDER 24 HRS last birtheav) White MONTHS : Oct. 2, 1879 Female hours 70 BIRTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH MARRIED NEVER MARRIEDE (quntry) attending physician una communit. Then please remave carban papers. Ohio USA W-DOWED | DIVORCED [Montgomery 24 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION (Kind of work done kecuted within 12b KIND OF BUSINESS OR during most of warking life, even if retired) Wheaton-D.C. Schools Nursing Home 30. USUAL RESIDENCE (Where deceased lived, if institution Residence before 113c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER Maryland 4800 Bradley Blvd. Bethesda 14 HATHERS NAME M ddle IS MOTHER'S MA DEN NAME First M ddle Last Stephen Morris Emma G. Crawford 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT Address Yes, no at unknown) (If yes give wor or dates of service) Dr. Albert Bright 4809 Broad BrogktRind. 220-44-3492 burial, cremation, or removal, APPROX MATE INT. RVAL TB. CAUSE OF DEATH (Enter only one cause per line far (a), (b) and (c).

PART 1 DEATH WAS CAUSED BY BETWEEN ONSET AND DEATH Vasculvaciolo i IMMEDIATE CAUSE (0) signed by the burial-transit p Conditions, if any, which gave) rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital ar attending physician. stoting the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(d) TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the should be filed with the State Dept. of Health priar to I 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO 🔽 YES [21a ACCIDENT WAS UNDERLYING 1216 TIME OF INJRY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2 (tem 18.1) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) 21d. INJURY OCCURRED (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY City or Town County State Wh.le Nat while at work ATTENDING causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c DATE SIGNED / DEGREE 22d PHYS CIAN S Bradley Blvd., Bethesda, Md. Fred A. Gill NAME (Type) 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) 23a BURIAL, CREMATION (County) REMOVAL (Specify) Cremation Cedar Hill Crematory Suitland. Md. Joseph Gawler's Son Wash., D.C. 2Sq. REC D BY REGISTRAR 25b. REGISTRAR 5 5 GNATURE DATE DEC 2 1968





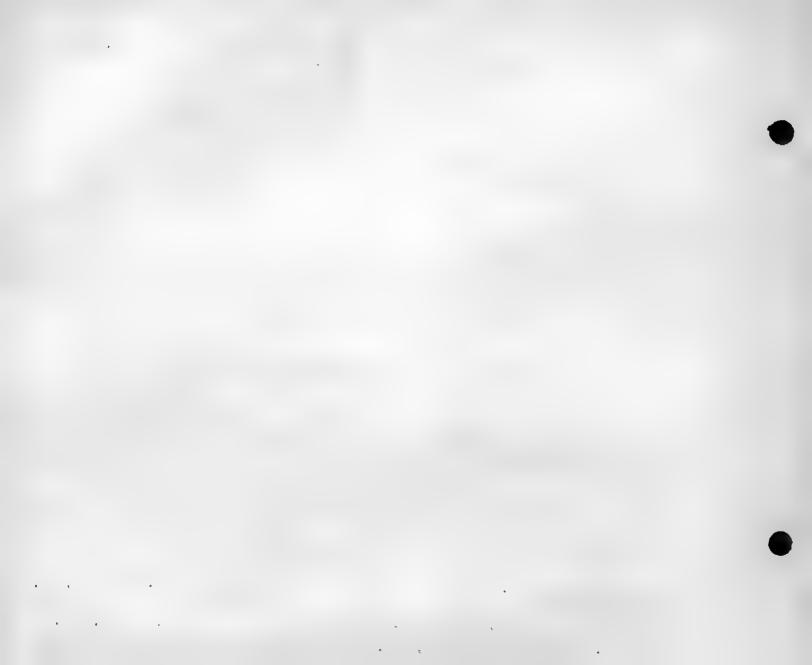
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19a Date of Operation 19b condition for which operation was performed 20a autopsy? 20b if yes, were findings considered in certifying cause of Death? YES No 21b Time of Injury 19b Ordinary 21b Time of Injury 21c How Injury occurred (Enter nature of Injury in Part 1 or Part 2, Hem 18) 19 21d Injury occurred 21				AMT COMPITIONS		TO DEATH BUT HO	T DELATED TO THE	TERMINA D	CTACC OR COMP. T	011 011/511 411	DARK IV		
19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 40UR A.M. Manth Day Year 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 41 HOWA, AM. Manth Day Year 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 41 HOWA, STREET FACTORY, OFFICE BUILDING, FTC. 21f. LOCATION 21e. PLACE OF INJURY 21f. LOCATION 21e. PLACE OF INJURY 21e. PLACE OF INJURY 21f. LOCATION 21e. PLACE OF INJURY 21e.			F 1/2 ×	MINI CONDINON	DMINDSTING	TO DEMIN BUT NO	I KELATED TO INI	: TEKMINAL D	SDEADE OKCUMUT	UN GIVEN IN	PAKI I(a)		
YES NO CAUSES OF DEATH? YES 210 ACCIDENT WAS UNDERLYING 310 AMM Mainth Day Year 310 ACCIDENT WAS UNDERLYING 210 ACCIDENT WAS UNDERLYING 310 AMM Mainth Day Year 310 ACCIDENT WAS UNDERLYING 310 ACCIDENT WAS UNDERLYING 310 ACCIDENT WAS UNDERLYING 310 AMM Mainth Day Year 310 ACCIDENT WAS UNDERLYING 310 ACCIDENT WAS UNDERLY IN TOWN 10 ACCIDENT AND ACCIDENT			9a. DATE OF OPERATION	196 CONDITION	N FOR WHICH C	PERATION WAS PER	FORMED	20a AUTOPSV	17	20h JF YES	WERE FINDING	GS CONSIDERED IN C	ERTIEVING
OR COMIR BUTING CAUSE OF DEATH HOUR A.M. Month Day Year 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY.) 21f 10CATION Street or R.F.D. No. City or Town County State While at work at work 220. certify that (1) (this hospital) ottended the deceased from 10V • 16 19 68 , and that in (10X) (our) opinion death accurred on the date and hour and from the causes stated above, (1) (we) (did) (Add Active with body after death 22d. PAYSICIAN'S NAME (Type) John S. Retliffe M.D. Naval Hospital, Bethesda, Md. 22d. PAYSICIAN'S PHYS. December 4, 1968 ARLINGTON INATIONAL (Specify) Dec 6, 1968 ARLINGTON INATIONAL CEILET RY ARLINGTON ARITHMPOINTING INTO INATIONAL (State) ARLINGTON ARDRESS 22d. RECD BY REGISTRAR 22b. RE	1	SEC	YES TO NO () CAUSES OF DEATH?										X 111 1 1 1 1 0
Caunty Caunty Caunty Caunty State Physician's Caunty State Physician's Caunty Ca	1		To ACCIDENT WAS UP	IDERLYING 216	TIME OF INJU	JRY	21c HOW II		_	re af insurv in			
21d. INJURY OCCURRED While Not while at wark 220d. I certify that (1) (this hospital) ottended the deceased from 10V . 15 . 19 68 , to DEC . 3 . 19 68 , that (2) (we) last saw the deceased dive on DEC . 3 . 1968 , and that in (60%) (our) opinion death accurred on the date and hour and fram the causes stated abave, (1) (we) (did) (additive with bady after death 22b. SIGNATURE 22d. PRESIDENT DECEMBER PHYS DEGREE PHYS DECEMBER 1968 BURIAL, CREMATION, 23b DATE BURIAL, CREMATION, 23b DATE BURIAL, CREMATION, 23c DATE BURIAL, CREMATION, 23		SC	OR CONTRIBUTING CAN	ISE OF DEATH HO	UR A.M. M	anth Day Year			,				
220. I certify that (1) (this hospital) ottended the deceased from 100 16 19 68, ta Dec 3 19 68, that (2) (we) last saw the deceased alive on DEC 3 19 68, and that in (60%) (our) opinion death accurred on the date and hour and from the causes stated abave, (1) (we) (did) (10 30 Knew the bady after death 22b SIGNATURE 22c DATE 5 GNED DEGREE PHYS DIRECTOR PHYS. December 4, 1968 22d. PAPPACIAN'S NAME (Type) John S. Ratliffe, M.D. 22e. ADDRESS Naval Hospital, Bethesda, Md. 23a B_RIAL, CREMATION, BUSHALLON, Dec 6, 1968 ARLINGTON HATIOHAL CEILET RY ARLINGTON ARLINGTON ARLINGTON ARLINGTON ADDRESS 24 FUNERAL DIRECTOR 25a RECD BY REGISTRAR 25b REGISTRARS SIGNATURE		至	21a. INJURY OCCURRED	21e. PLACE OF			ORY.) 21f LOCATI	ON Street a	r R.F.D. Na.	City or 1	lawn	County	State
220. I certify that (4) (this hospital) ottended the deceased from 10V 16 , 19 68 , ta Disc 3 , 19 68 , that (2) (we) last saw the deceased alive on DEC 3 1968, and that in (604) (our) opinion death accurred on the date and hour and from the causes stated abave, (1) (we) (did) (Add Ackinew the bady after death 22b SIGNATURE 22c DATE 5 GNED 22c DATE 5 GNED December 4, 1968 22d. PHYSICIAN'S NAME (Type) John S. Ratliffe, M.D. 22e. ADDRESS Naval Hospital, Bethesda, Md. 23d B_RIAL, CREMATION, 23b DATE BURTAL COLLINGTON 12 ARLINGTON ARLINGTON ARLINGTON ARLINGTON ARRIVERS SIGNATURE 24 FUNERAL DIRECTOR ADDRESS 25a REC D BY REGISTRAR 25b REGISTRARS SIGNATURE		a	wark at wark) [
Courses stated above, (1) (we) (did) (Act above, very level of the body after death 22b Signature 22c Date 5 Gned 22c Date		2	20. I certify that	(4) (this hospit	tol) ottende	ed the decease	from IIOV	. 16	_ , 19_68_,	to_DEC	. 3	19_68 , that	(we) last
226 SIGNATURE 226 PHYSICIAN'S NAME (Type) John S. Ratliffe, M.D. 227 NAME OF CEMETERY OR CREMATORY 228 ADDRESS DIRECTOR 220 DIRECTOR PHYS. 220 DATE 5 GNED December 4, 1968 221 DIRECTOR PHYS. 222 DATE 5 GNED December 4, 1968 223 ADDRESS 224 ADDRESS DIRECTOR PHYS. 225 DATE 5 GNED December 4, 1968 DECEMb			saw the dece	used alive on	DEC.	319	68_, and th	at in (XinXx)	(our) opinion	death accu	orred on the	date and hour	and from the
DEGREE PHYS DEGREE PHYS DECEMber 4, 1968 22d. PHYSCIAN'S NAME (Type) John S. Ratliffe, M.D. 23d. B_RIAL, CREMATION, BUNDAL (Specify) Dec 6, 1968 ARLINGTON NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) ARLINGTON NATIONAL CENTER PHYS. EX. December 4, 1968 22e. ADDRESS 22e. A		2		anave, (M) (M)	a) (aia) fata	wayyew the b	aay arrer dear	£1			T 7	DATE CAIPA	
22d. ADDRESS NAME (Type) John S. Ratliffe, M.D. 23d B_RIAL, CREMATION, BURIAL, CREMATION, BURIAL DIRECTOR 23d ARLINGTON INATIONAL CELLET RY ARLINGTON ARLINGTON ADDRESS 22e. ADDRESS Naval Hospital, Bethesda, Md. 23d LOCATION (City or Idwn) (County) (State) 23d LOCATION (City or Idwn) (County) (State) 24 FUNERAL DIRECTOR 25d REC D BY REGISTRAR 25b REGISTRAR 3 SIGNATURE	1	ľ	A La	X R ?	WILL	no C	DEGREE	ATTENDING	MED.	S1 S1	AFF 80X	December	4. 1968
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MARYLAND STATE DEPARTMENT OF HEALTH





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	AL CAL			22d PHYSICIAN'S / 22e. ADDRESS 777.0 The state of the sta	bacda Md
	SPII 4 m VER	1		NAME (Type) Alfred L. Norton 7710 Dwight Dr. Bet	nesda, Md.
	HO Dge FUI FUI hou		230	BURIAL CREMATION, 236 DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town)	(County) (State)
	5 5 5 ×		0.0	Dec 31, 1968 Rockville Cemetery Rockville, Mor	
	VR AT	M.	\mathbb{R}^{24}	bert A. Pumphrey, Bethesda, Md. 20014 DATE JAN 6 1969	The Judge



MAKTLAND STATE DEPARTMENT OF REALIR 17890 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Middle 1. DECEASED-NAME First Lost 2o. DATE OF DEATH 25 HOUR (Type or print) Month 68 MYERS 9:054 DAWN R. 4. RACE S DATE OF BIRTH 3 SEX 6 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS ond in ony event, within 72 hours after DAYS 7/3/67 White Female 9. COUNTY OF DEATH 70 BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? B. MARRIED [] NEVER MARRIED [] Montgomery IISA DIVORCED WIDOWED F 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o USUAL OCCUPATION (Kind of work done 10 CITY OR TOWN OF DEATH 126 KIND OF BUSINESS OR give street piddeess) during most of working life, even if retired) INDUSTRY Cross Hospital Silver. S ring 130 USUAL RESIDENCE (Where deceased lived, if institution: Residence before 143c. CITY OR TOWN 13d INSIDE CITY LIM TS? 13e, STREET AND NUMBER 13bprince Georges 11216 Evans Trail, Belts. Beltsville YES NO 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Middle Lost Middle physicion and Bailey Wayne Myers Patricia Anne Kenneth 16b. SOCIAL SECURITY NO. 17. INFORMANT 160, WAS DECEASED EVER IN U.S. ARMED FORCES? Address Yes, no, or unknown)
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(If either, notify medical examiner) HOUR A.M. Month Dov Year P.M. (AT HOME FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. 21d INJURY OCCURRED 21e PLACE OF INJURY Stote City or Town County White Not while of work FUNERAL DIRECTOR: After causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURES 22c DATE/SIGNED/ 22d. PHYSICIAN S 22e. ADDRESS / 04-0 NAME (Type) STLUCK 230 BURIAL CREMATION. 23c. NAME OF CEMETERY OR CREMATORY 236 ADJATION (City or Town) 2/2 LAZSO. RECD BY REGISTRAR DATE DEC 5



			MARILAND STATE DEFARMENT OF REALTH	
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	MARYLAND STATE DEPARTMENT OF HEALTH	
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17905 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH EALTH DEPT. I. DECEASED-NAME Eirst Middle Lost 20 DATE KNOWN DE Month 2b HOUR Yeor (Type or Print) OF EST -Albert Page ö Newman DEATH MATED delay State Department 3. SEX 4 RACE S DATE OF BIRTH 6. AGE (n years IF UNDER I YEAR of UNDER 24 HRS 2c DATE PRONOUNCED DEAD 9/13/18 Doy Male White 12 Year 10 70 BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH Form (ountry) N.Y. USA DIVORCED [77 Montgomery WIDOWED IT Item 18, Give Pages 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital Office alang with 120 USJAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street oddress HO during most of warring its even if ret red holds Timprovement Contractor 60 Silver Spring with the Cross Hosp. 13d CHSIDE CTY L MITS? 113e STREET AND NUMBER Silver Spring. 130 USUAL RESIDENCE (Where deceased I ved, if institution Residence before 13c City OR TOWN 13b. COUNTY Flontgomery odmission) STATE Sil. Spring 12605 Atherton Dr. YES X NO and 14. FATHER S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Jack Newman Edna .⊆ hours es 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT **ADDRESS** pency (Yes, no or unknown) 051-10-3781 same as 13 above Jan B. Newman ⊆ APPROXIMATE INTERVA. within 18. CAUSE OF DEATH (Enter only one couse per line for (of (b), and (c)) permit. BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY the certificate, writing the word "pending" 4 should be farwarded to the Chief Medic IMMEDIATE CAUSE (a) event DUE TO USE AS A CONSEQUENCE OF burial-transit Conditions, if ony," which gave rise to immediate cause (a). This certificate should any DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse Ë guq PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) D 9 removal. CERTIFICATION used 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED? pe YES [" 210. EXTERNAL CAUSE WAS g 21b. TIME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Hern 1B) 3 should PRIMARY [] OR CONTRIBUTING [HOUR A.M cremation, DICAL EXAMINER: P.M CAUSE OF DEATH 21e PLACE OF INJURY (At home, form, street, 21d. INJURY OCCURRED 21f, LOCATION Street or R F D No. City or Town County Stote factory, affice building, etc.) NOT WHILE IT AT WORK AT WORK please execute 22a. I certify that Ptaak charge of the remains described above, held an Autopsy Inspection Inquiry J and in my apinion death resulted from: Natural causes Aceident Suicide Hamicide Undetermined mariner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED SIGNATURE **EXAMINER'S** VDM Health NAME (Type) ADDRESS(Sheet Cathy food or county) the 90 BURIAL, CREMATION 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) G. W. Cemetery Hvattsville 24//FUNERAL DIRECTOR 2Sb REG STRAR S SIGNATURE VR A15ME (5) 10M REV 1/68



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17966 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. DECEASED-NAME Eirst Middle Lost 20. DATE KNOWN Month (Type or Print) OF ESTI-Newman Andrew IF UNDER 1 YEAR 3 SEX 4 RACE S DATE OF BIRTH 1902 6. AGE (in years IF UNDER 24 HRS Male Oct. 22 1922 Year 7o BIRTHPLACE (Stote or foreign 7b. OTIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH MARRIED T NEVER MARRIED WIDOWED [DIVORCED [Montgomery 10 CITY OR TOWN OF DEATH 11 NAME OF HOSP FAL DR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR during most of working ife even if retired) **INDUSTRY** 130 USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CTY OR TOWN 13d INSIDE CITY L M TS? 13e STREET AND NUMBER I and 2 with odmission) STATE 13b. COUNTY Montgomery Sil Spring 3010 Dawson Avenue YES NO 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME Newman Anne Altred K Roach 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17. INFORMANT **ADDRESS** (Yes no, or unknown) Mrs. Stella L. Newman 3010 Dawson Avenue -03-9816 within 18. CAUSE OF DEATH (Enter only one couse per lye for (o), (b), and (c)) PART I. DEATH WAS CAUSED BY should be forwarded to the Chief Media IMMEDIATE CAUSE (o) in any event DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse removol, and PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR COND TION GIVEN IN PART 1(0) 190 DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED? YES 🗀 ND (X 21g EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) ploods PRIMARY OR CONTRIBUTING HOUR A M CAUSE OF DEATH 21d INJURY DCCURRED 21e PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R F D No Gry or Town County State foctory, office building, etc.) WHILE NOT WHILE AT WORK 22a. I certify that trank charge of the remains described above, held an Autopsy Inspection and in my apinion death resulted fram Natural causes > Actident Suicide Hamicide **ACTUAL** 22b. DATE SIGNED SIGNATURE. December 15. 1968 To FUN. Health **EXAMINER'S** Belden R. Rean NAME (Type) 230 BURIAL (REMATION 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) REMOVAL (Specify) 9t_ Lincoln Crematory remation 25b REGISTRAR S SIGNATUI VR A15ME (5) DATE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17907 CERTIFICATE OF DEATH DECEASED NAME First Lost 2a. DATE OF DEATH 2b HOUR (Type or print) ANDREW DECEMBER M₋ NEWMAN 3 SEX 4 RACE 5 DATE OF BIRTH 6. AGE (In years IF JUCKE 1 YEAR last disthday) MAY 12, L899 re carbon popers. Page event, within 72 hours at MALE CAUCASIAN within 24 hours 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH COUNTY YORK USA DIVORCED MONTGOMERY WIDOWED [7] 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR NX VAL HOSPITAL carbon during mast of wattro life, even if retired) BETHESDA, MARYLAND 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d INSIDE GITY LIMITS? 13e STREET AND NUMBER odmissiant ASTATEL AND 176 COUNTARLES TOMPKINSVILLEYES nd comi signed by the ottending physician and co burial-transit permit. Then please remen burial, tremation, or removal, and in any i 14 EATHER'S NAME M ddle Last 15 MOTHER'S MAIDEN NAME First Middle Last NEWMAN Јони ANNA М. (UNKNOWN) 16g WAS DECEASED EVER IN LS ARMED FORCES? 16b. SOCIAL SECURITY NO. 175 GRANWILLIAM A. NEWMAN Address Yes, wo acunknown) 213-44-6013A 4502 EAST-WEST HIGHWAY, BETHESDA, MD. IB. CAUSE OF DEATH (Enter only one couse per time for (d), (b), and (c))
PART I DEATH WAS CAUSED BY:
MAT.TCINARPI N BETWEEN ONSET AND DEATH MALIGNANT MELANOMA WITH MULTIABLE METASTASIS DUE TO, OR AS A CONSEQUENCE OF Canditians, I any, which gave) rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER S.GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to 19g DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 📉 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Day Year (If either, natify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY.) 21f. LOCATION Street or R.F.D. No 21d. INJURY OCCURRED City or Tawn State While Nat while at work 220. I certify that (1) (this haspital) attended the deceased from NOV 25 1968, to DEC 12 1968, that XX (we) last saw the deceased alive an DEC 12 1969, and that in (MY) (aur) apinion death occurred on the date and hour and from the causes stated above, XI) (we) (did) (XXXXI) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED DEGREE DEC 1968 D RECTOR PHYS 22d. PHYSICIAN S 22e ADDRESS DEAN CDR.MC.USN NAVAL HOSPITAL, BETHESDA, MD. 23c NAME OF CEMETERY OR CREMATORY 23a BUR AL, CREMAT ON 23d LOCATION (City or Town) (Caunty) (State) ARLINGTON NATIONAL CEMETERY ARLINGTON. 25a REC'D BY REGISTRAR VR A15 (4) 7557 WISCONSIN AVE., BETHESDA, MARYLAND



MARYLAND STATE DEPARTMENT OF HEALTH			
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	17908
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		PRIMARY OR CONTRIBUTING HOUR A.M.	1 10 }
INER e cel shou files 3 sho	MEDICAL	CAUSE OF DEATH P.M. 19 21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R.F.D. No. City or Town	Caunty State
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CAL EXAMINER: 2 execute the certifor. Page 4 should ed for your files. CTOR: Page 3 shou buriol, cremotion,			
AL E execu r. Pag l for lOR: F		22a certify that I took charge of the remains described above, held an Autopsy . Inspection . Inspection . Inspection .	and in my opinion
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please I directer retoine.		ACTUAL CALL SALE CHIEF MEDICAL EXAMINER 22b, DATE SI	eurn.
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o DEPUTY necessory, the funeral 5 may be 0 FUNERAL Health pri	230	De l'Ilea	la, Md. County) (Stote)
1	100	12-31-68 Williams Cemetery. Shelby County.	
	24	FINERAL DIRECTOR SO DE TET A PLETTED TO TOTAL DIRECTOR SO DE STRAP 1250 DESCRIPTOR SO	Ala.
		7557-Wisconsin Ave., Bethesda, Md. DATE AN 9 1969	A LIANGER



MARYLAND STATE DEPARTMENT OF HEALTH 47208 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17909 CERTIFICATE OF DEATH DECEASED-NAME First Middle Lost 20. DATE OF DEATH signed by the ottending physicion and completery filled in by the funeral burial transit permit. Then please remove carbon papers. Pages I and 2 burial, crematian, or removal, and any event, within 72 hours after death. 2b HOUR 24 hours after death (Type or pant) Month :50Pm nicholson 3 SEX 4 RACE S DATE OF BIRTH 6 AGE (n years IE UNDER , YEAR 1E UNDER 24 HRS lost birthdoy) MONTHS White June 16.1888 Female 70 BIRTHPLACE (Stote or foreign 7b CITIZEN OF WHAT COUNTRY? 8 MARRIED THEVER MARRIED 9 COUNTY OF DEATH (Country) Maryland USA WiDOWED [DIVORCED [mon 19 amery ID CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done) 12b KIND OF BUSINESS OR give street oddress) during most of working life, eyen if retired)
HOUSEVILLE 130 USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 3d INSIDE CITY JIMITS? 13e. STREET AND NUMBER odmission) STATE vland 13b COUNTY tgomery Gaithersburg 15 1 NO 🗔 202 N. Frederick Ave. requires that the death certificate be execu-4 FATHER'S NAME First M dále Lost IS MOTHER'S MAIDEN NAME First Middle Lost Charles ₩. Ward Hattie Duvall 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOC AL SECURITY NO 17 INFORMANT Address Yes, no, or unknown) I (fives give war or dates all service) Gaithersburg. J. Arthur Nicholson. *8 CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c)) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) tra Cinuial Hemovehage DUE TO, OR AS A CONSEQUENCE OF Conditions, if only, which gove) Huteriosel ovosis evebro. rse to immediate couse (a), 4 may be retained by the hospital or attending physician. DUE TO, OR AS A CONSEQUENCE OF storing the underlying couse teviosclevos PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RETAILED TO THE TERMINAL D SEASE OR CONDITION GIVEN IN PART 1(0) TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept of Health prior to 190. DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 2Do AUTOPSY? 2Db IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? TO HOSPITAL OR ATTENDING PHYSICIAN: The YES -NO [7] 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No City or Town County Stote While hot while to work 22a. I certify that (1) (this haspital) attended the deceased fram. saw the deceased alive an Dec-G De, and that in (my) (our) apinion death accurred on the date and haur and from the causes stated abave, (1) (we) (did) (did not) view the bady after death 22b SIGNATURE 22c DATE SIGNED ATTENDING PHYS STAFF DRECTOR 22d HYSICIAN'S 22e ADDRESS Jack Schumacher, M.D. NAME(Type) Gaithersburg. Md. 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION 23b. DATE 23d LOCATION (City or Town) (County) REMOVAL (Specify) Dec.9,1968 Salem Meth. Cedar Grove. Md. 24 FUNERAL DIRECTOR ADDRESS 2So REC D BY REGISTRAR 25b REGISTRAR'S SIGNATURE Olin L. Molesworth. Damascus, Md. Melantes 1968 DATE BEC 10



1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17910
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.	DECEASED NAME First Middle Lost 20 DATE KNOWN Month Day Year Joh HOLL
Poge	(Type or Print) FERMOND A NORRIS DEATH MATED & 1968 95
delay is and 3 to	SEX 4. RACE S DATE OF BIRTH 6. AGE In years IF UNDER 1 YEAR IF JINDER 24 HRS 2c. DATE PRONOUNCED DEAD 2d. HOU
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after death. 8. Give Pages along with far with the State leath.	Bethescle. give street oddress burban during most of working life, even if retired INDUSTRY
hours after death. Item 18. Give Pages 1, Office along with farm land 2 with the State De	o USUAL RESIDENCE (Where deceased lived if institution Residence before 13c CITY OR TOWN 13d. MSIDE CITY LIMITS? 13e STREET AND NUMBER odmission) STATE Mc 1 13b. COUNTY Montgons of Rockviile YES D NO 705 Beall Ave
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necessary, please execute the funeral director. Page 4 5 may be retained far your of FUNERAL DIRECTOR: Page Health prior to burial, crem	22a. I certify that I took charge of the remains described above, held on Autapsy 📈 Inspection 🔀, Inquiry 🗹 ond in my opin'd
please e please e I director retained L DIRECT iar to bu	death resulted from: Natural causes 📈, Accident 🔲, Suicide 🔲, Hamicide 🔲, Undetermined monner 🗌
please I directo	ACTUAL ACTUAL CHIEF MEDICAL EXAMINER 22b. DATE SIGNED
BRAI	DEPUTY MEDICA, EVAMINED \$ 12 19/18
necessary, please exect the funeral director. P S may be retained far to FUNERAL DIRECTOR. Health prior to burial	NAME (Type) John G Ball ADDRESS(Street, city, town, or county) Bethesda, Md.
5 4 5 5 H	o BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State)
	Burial 12-11-68 Rockville Cemetery Rockville Mont. Md
VR A15ME (5)	Robert A Pumphrey 7557 Wisconsin Ave Date DEC 16 1968 Clarks Signature
10M REV 1/68"	DATE OF OTO 1000 Assessment



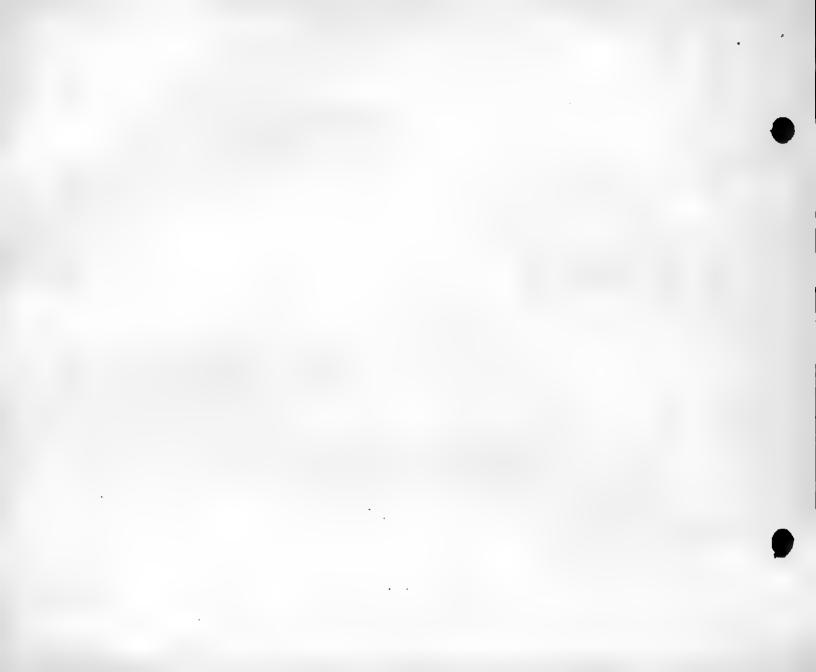
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME First Last 2a DATE OF DEATH 2b. HOUR deoth law requires that the death certificate be executed within 24 hours after death (Type or pont) BERNARD DIDELL HARR ecember leose/remove carbon papers. Poges 1 and in ony event, within 72 hours after 6 AGE (In years 3. SEX 4. RACE 5 DATE OF BIRTH FUNDER 1 YEAR BE UNDER 24 HRS. last birthday) HOURS Male JU/4 24 7a BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8 MARRIED NEVER MARRIED and completely filled in WIDOWED [DIVORCED [16 CITY OR TOWN OF GEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a, USUAL OCCUPAT ON (Kind of work done 12b KIND OF BUSINESS OR during most of working life, even if refired) . INDUSTRY DO IVER Ret. Diagram 13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d INSIDE CITYLEMITS? 13e STREET AND NUMBER 5//ver 14 FATHER'S NAM 15. MOTHER'S MAIDEN NAME First Unknown nknown physican an pieose 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMAN' Yes, na, as unknown) MrsB buriof, cremotion, or removel, 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: signed by the attendil buriol-transit permit. Hear 4 CAPS IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) 16) Arterioscle toti rise to immediate cause (a). stating the underlying causes last. PART 2, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) for use as the b f Health prior to b be retained by the hospitol or ottending O FUNERAL DIRECTOR: After this certificate hos been 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a, AUTOPSY? CAUSES OF DEATH? YES 🗌 NO F je 3 should be detoched for use ed with the State Dept. of Health 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d INJURY OCCURRED City or Town State County While Nat while at work 1967,19 22a. I certify that (I) (this haspital) attended the deceased from ., ta_ saw the deceased alive an 12 + 17 19 6, and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated abave, (I) (we) (did) (did nat) view the bady after death. 22b SIGNATURE ATTENDING DEGREE director, page Should be filed DIRECTOR PHYS. 22e ADDRESS Poge 4 may 22d. PHYSICIAN S NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b DATE (State) 23a BUR AL, CREMATION. REC D BY REGISTRAR 2Sb REGISTRAR'S SIGNATUR 24. FUNERAL DIRECTOR VR A15 (4) W. CHAMBERS 30M REV 1/68

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 17912 1. DECEASED-NAME Lost 20. DATE OF DEATH 2b. HOUR A (Type or print) December 6 Anthony Paul Oliveri 3 SEX 4 RACE S. DATE OF BIRTH TETHDER YEAR 6. AGE (In years) last byahday) Male White 18 September 1946 **FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours of 70 BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8 MARRIED [7] NEVER MARRIED [57] Washington, DC USA Montgomery WIDOWED [7] DIVORCED [7] 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a, USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR law requires that th∎ death certificate be mxecuted within give street oddress Bethesda INDUSTRY Clinical Center 13a USUAL RESIDENCE (Where deceased fived, if institution, Residence before 13c CITY OR TOWN 138 UNSIDE CITY LIMITS? 13e STREET AND NUMBER 9805 Telegraph Road, Apt Writte Georges YES [X] Seabrook Middle 14. FATHER'S NAME Middle Lost 15 MOTHER'S MAIDEN NAME First Anthony S. Oliveri Swetland Laura 17 INFORMANT The Medical Records Address 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO Yes, no. or unknown) 579-62-1018 The Clinical Center, NIH, Bethesda, Md. 20014 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. weeks Hepatic Failure IMMEDIATE CAUSE (a) DUE TO OR AS A CONSEQUENCE OF Conditions, if any, which gave) Hodgkin's Disease 1 year rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse Poge 4 may be retained by the hospital or attending physicion. PART 2. OTHER SIGNIFICANT CONDITIONS CONVRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) OR CONTRIBUTING CAUSE OF DEATH HOUR A M Month Day Year (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town State While Not while of work 220. I certify that \$0 (this hospital) attended the deceased from (Nov., 1968, to Dec., 1968, that (1) (we) lost saw the deceased glive and December 1968, and that in (20) (aur) apinion death occurred an the date and haur and from the couses stated abave, (4) (we) (did) (about) view the body after death. 22c DATE SIGNED 22b. SIGNATURE MED DIRECTOR STAFF PHYS. **ATTENDING** DEGREE 6 December 1968 220. ADDRESS The Clinical Center, National 22d PHYSICIAN'S NAME (Type) Peter J. Rosen, M.D. Institutes of Health, Bethesda, Md. 20014 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23b. DATE (County) (Stote) 230 BURIAL, CREMATION REMOVAL (Specify)
Burial Dec 9, 1968 Ft Lincoln Cemetery Colmar Manor Pro Geo ADDRESS 24 FUNERAL DIRECTOR Hyattsville, Md. F. Gasch's Sons



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 7913 CERTIFICATE OF DEATH DECEASED-NAME First Middle Lost 20. DATE OF DEATH haurs after death. Soff 2b. HOUR Pro (Type or print) Month Μ. ena ram 3 SEX A RACE S DATE OF BIRTH 6 AGE (In veors 1E JNDER 1 YLAR E JINDER 24 HRS last birthdoy) White MONTHS ! 3-1-1901 70 BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8 MARRIED [NEVER MARRIED] U. S. A. Chnsy van.a Montgomery DIVORCED [7] O CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (I not in hospital give street oddress) Potomac Vally 120 USUAL OCCUPAT ON (Kind of work done 12b KIND OF BUSINESS OR during most of working life, even if retired 1 INDUSTRY director, page 3 shauld be detached far use as the borial transit permit. Then please remave care shauld be filed with the State Dept. af Health prior ta burial, crematian, or remaval, and in any event, 30. USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER requires that the death certificate be executed odmission) STATE md. 136 COUNTY MONTGOMERY Read ing 14 FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME First Lost Middle lost HNKNOWN UNKNOVN 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Address Yes, nos es unknown) HMK W. DI Pest Home Records APPROXIMATE INTURVAL BETWEEN ONSES AND DEATH 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE Conditions, if one, which gave) rise to immediate couse (a), signed by DUE TO, OR AS A CONSEQUENCE-OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE OR CONDITION GIVEN IN PART 1(6) O FUNERAL DIRECTOR: After this certificate has been OR ATTENDING PHYSICIAN: The law 19e DATE OF OPERATION 196. COND TION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b F YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES | NO 7 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M. 21d. INJURY OCCURRED 21s. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21F EOCATION Street of R.F.D. No. City or Town County While Not while of work 220. I certify that (1) (this haspital) attended the deceased from 12 / 6/ 19 68 and that in (my) (our) opinion death occurred ag the date and have and fram the saw the deceased alive an couses stated above, (1) (we) (did) (did not) view the body after death. 22b SIGNATURE ATTENDING DEGREE PHYS PHYS 22d PHYSIC ANS 22e ADDRESS NAME (Type) Tones M.). 230 BURIAL, CREMATION 23b. DATE NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) (County) (Stote) REMOVA. (Spec fy) .ockville Parklawn Jemetery 24 FUNERAL DIRECTOR 250 REC D BY REGISTRAR 25b REGISTRAR S SIGNATURE DATEDEC Tyson Wheeler Funeral Home Kockville.



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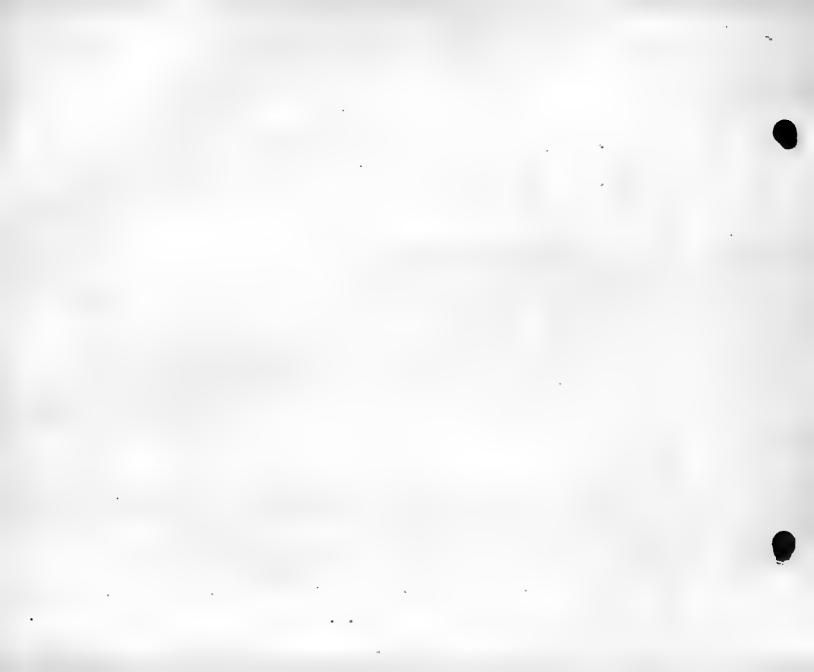


DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED NAME First Maddle 20 DATE KNOWN (Type or Print) ESTI-Page partment of DEATH MATED delay and 3 IF UNDER 1 YEAR 3 SEX 4 RACE 2c DATE PRONOUNCED DEAD PM3. Year & O YRS 70 BIRTHPLACE (Stote or foreign 75. CITIŽEN DE WHAT COUNTRY MARRIED NEVER MARRIED 1 9. COUNTY OF DEATH WIDOWED DIVORCED É 10 CITY OR TOWN OF DEATH 120. USUAL OCCUPATION II NAME, OF HOSP-TAL OR INSTITUT ON (If not, in haspital duringव्यक्ति प्रमित्रमुक्तिता life, even if retired.) 13a LSJAL RESIDENCE Where deceased I ved, i institution Residence before 13c Clyr OR TOWN J3d. INSIDE CITY LIMITS? 13e STREET AND NUMBER odm-ssian) STATE 13b. COUNTY YES X within 24 hours l and 2 Middle 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME First **JOHNSON** PAYNE EDYTHE GEORGE hours 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT ADDRESS 173-38-9395 Mrs. Edythe Y. Payne, Mother, Same as #13 File within APPROXIMATE INTERVA 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and permit. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if any, which gave rise to immediate couse (a) writing the word should DUE TO, OR AS-A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN BY PART 1(a) O 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES [21a EXTERNAL CAUSE WAS 21b TIME OF INJURY Manth, Day, Year 21c HOW INJURY OCCURRED Enter nature of miury in Part 1 or Boff 2, Item 18 should PRIMARY OR CONTRIBUTING 21d NUMRY OCCURRED 21e PLACE OF INJURY (At home, form, street AT WORK AT WORK 22a. I certify that I took charge at the remains described above, held an Autopsy 17. deoth resulted from? Natural causes Accident Undétermined manner Suicide Hamicide CHIEF MEDICAL EXAMINER **ACTUAL** 22b. DATE SIGNED ASSISTANT MED CAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** 5 may TO FUNE Health NAME (Type) or county) 23g BURIA, CREMATION 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) (County) (State) REMOVAL (Spec fy) Cremation 1/2/69 Cedar Hill Crematory Suitland, Maryland 24 FUNERAL DIRECTOR ADDRESS 25b REGISTRAR'S SIGNATUR 250 RECD BY REGISTRAR Joseph Gawler's Sons, Inc., Washington, D. C.

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, I	MARYLAND 21201
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22d. PHYSICIAN'S NAME (Type) Henry C. Scruggs, M. D. 22e ADDRESS 5413 Cedar La	. Bethesda Md
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rtificote physiciar en pleas val, onc	NAS DECEASED EVER IN U.S. ARMED FORCES? s. no. ar unknawn) (If yes give war or dates of service) 578-03-7708 Mrs. Helen Peters 10406 Gradin Rd. S.	S. Md.
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1			DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
	(AA)		CERTIFICATE OF DEATH 17919
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	YSI losp cert cert cert st. o	Ę	21d. N. JRY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM STREET, FACTORY.) 21f LOCATION Street of R.F.D. No. (ity or Town) County State
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	ING by far ter a		22g. certify that (1) (this hospital) attended the deceased from Mouse on 19 Get to ADa /F 19 GF that (1) (wa) just
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	VR A15 (4) 45M 1/69		Joseph Gawler's Sons, Inc., 5130 Wisc. Ave.



	MARYLAND STATE DEPARTMENT OF HEALTH	
	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
	CERTIFICATE OF DEATH 17	920
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	1	a chick to the		D STATE DEPARTMENT OF		
/ -		17971	DIVISION OF VITAL RECORDS,			4 2000
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	24.	FUNERAL DIRECTOR 1-1 //	-61 STUNEDADORES		D BY REGISTRAR 2Sb. REGISTRAR	
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2- 1	1	MARYLAND STATE DEPARTMENT OF HEALTH A PAGE OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	17923
HEALTH DEPT.		ECEASED NAME First Middle Lost 20 DATE KNOWN Month	Ooy Yeor 2b HOUR
ay is 3 ta Page	{	(ype or Print) HASTY Plummer DEATH MATEO DEC	11 1968 7 45
deloy	3 \$	4 RACE S DATE OF BIRTH 6 AGE (in yours if JNDER I YEAR IF LINDER 24 HRS. 2c. DATE PRONOUNCED DEAD	2d HOUR
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s after 18. Giv s along 2 with t death.	130	LSUAL RES DENCE (Where deceased lived, if institut on: Residence before 13c. CITY OR TOWN 136 INSIDE CITY LIMITS? 13e STREET AND NUMBER	
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nit 24 nit 24 pages pages	160	WAS DECEASED EVER INFUS ARMED FORCES? 166 SOCIAL SECURITY NO 12 INFORMANT 1 ADDRESS 20	/)
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	H	18 CAUSE OF DEATH (Enter on y one cause per line for (a) (b) and (c))	APPROXIMATE INTERVAL
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VER: certifi nauld les. shauld tion, c	DICAL	PRIMARY OR CONTRIBUTING HOUR A M CAUSE OF DEATH P.M. 19	
	WE	2.d. INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, foctory, office building, etc.) 21f. LOCATION Street or R.F.D. No. (ity or Tawn)	County State
XAM ute th gge 4 yaur Page crem		AT WORK AT WORK	
ICAL E exect for. Pa ed for CTOR: burial,		22a. I certify that I taak charge of the remains described above, held an Autopsy, Inspection 🔀, Inquiry 🔀	
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23	BURIA AREMA	1 23b. (fy) 1	DATE -2-69	23c. NAME OF Rocky	TEMETERY OR CREMA			OCKVILL	lown)	(County)	(Stote) Md.
24	FUNERAL DIRECT	ORRober Wiscon	t A. Pump sin Ave.	phreaporess Bethe	sda. Md.	25018	ECD BY REGIS	TR1969 25b		SHAN Prode	E.



		2 4 2 4 4	MA	RYLAND STA	ITE DEPARTMEN	T OF HEALT	'H		
/ 1		17914	DIVISION OF VITAL RE	CORDS, 301 V	V. PRESTON STREET	r, Baltimori	, MARYLAND 21	201	
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ng p		18. CAUSE OF DEATH (Enter on PART 1. DEATH WAS CAUSE	ery one couse per line for (a), (s	o), and (c).)	0 1	× 4		APPROXIA BETWEEN O	NATE INTERVAL NSET AND DEATH
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the see a se	E		10.		YES 🔽	NO [472	
AN: ol ol icate far i		21 o. ACCIDENT WAS UNDERLYING TO CAUSE OF DEAT	NG 215, TIME OF INJURY THE HOUR A.M. Month D	lay Yeor	t. HOW INJURY OCCURRI	ED (Enter noture	of injury in Port I or	Port 12, Item 18)	
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AL O	1	22d. PHYSICIAN'S	: 00	2 Vist	22e. ADDRESS		-00	OF VCC	h.0
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Hour Fush	230.	BUR AL, CREMATION, 23b.		NAME OF CEMETER			LOCATION (City or Tow		(Stote)
5g 5p 2	-	** ULT I ULT	2/26/68 N		Mom.Park		alls Chu	rch Virgi	nia
VR A15 (4) 30M REV, 1/68	24.	FUNERAL DIRECTOR	the French	ADDRESS		REC'D BY REGIS		ESTRAR S SIGNATURE	
20W KEY, 1/08		Falls Church	Funeral Ho	me	DA	TE DEC 2	7 1968	Minutes Jos	442



H	1	L	17915	DIVISION OF VITAL RECOR	DS, 301 W. PRESTON STREET, BA	LTIMORE, MARYLAND 21201	
#		ш	10,0		CERTIFICATE OF DEATH		17926
	, = -2.€			First Middle	Last	20. DATE OF DEATH	2b. HOUR
	de d	(Type or print)	10 S.	Fortor	Dec Month	7 68 4/PM
	5 154 1	3. S		4. RACE	5 DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR
	E 2 2 2		7	00	FER. 17	1889 last birthday) YRS	MONTHS DAYS HOURS MUN
	t hours of in by the ers. Page 2 hours of	70.	BIRTHPLACE (Stote or foreign	76 CITIZEN OF WHAT COUNTRY?	B. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	4
	4 h	J. W	OUTH CAROLIN	IA (ISA.	WIDOWED DIVORCED	MONTGOME	AU Md.
	filled filled thin 72	10.	CITY OR TOWN OF DEATH	11 NAME OF HOSPITAL O		SUAL DECUPATION (Kind of work dane	12b KIND OF BUSINESS OR
	# > 8 3 1		KENSINGY	ON (ARRILL	HALL SANT. during	most of working life even if retired) INDUSTRY
	od v	I3a	USUAL RESIDENCE (Where dec	ceased lived, if institution Residence bef	ore 13c. CETY OR TOWN 13d INSIDE CIT	Y LIM. TS7 13e. STREFT AND NUMBER	
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	and c remo	14.	FATHER-S NAME First	Middle Lo	15. MOTHER'S MAIDEN NAME	First Middle	Lost
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	rate sicia plea, an	160	WAS DECEASED EVER IN U.S. (1988)	ARMED FORCES? 16b. SOCIAL SECUR	ITY NO 17 INFORMANT	Address	JRLING TON!
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	e death certificate b attending physician sermit. Then please an, ar removal, and i	П	18. CAUSE OF DEATH (Enter	r any one cause per line for (a), (b), and	(9)	/ - /	APPROXIMATE INTERVAL BETWEEN DISET AND DEATH
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	quires tho physician. signed by burial-trar burial, crei		lost.	(c)			
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	DING PH I by the h After this I be detact State Dep	ı	22g certify that (1)	Othis hasnital) attended the dece	eased from 5/26 19	OF to market	9 that (I) (wa) last
	d b d b d b d b	ı	saw the deceased	alive an 12/18	eased from 5/25, 19 19 5, and that in (my) (aur) of the body after death	pinian death accurred an the c	date and haur and fram the
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	R A A CONTRACT OF THE A A CONTRACT OF THE A CONT		22b. SIGNATURE	1///	ATTENDING ATTENDING	MED STAFF 220	c. DATE SIGNED
	o d / pe		22d. PHYSICIAN'S	Minkon	PHYS. 22e. ADDRESS	DIRECTOR L PHYS. L	16/14/60
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	Pag Pag ed shoots	230	BEET (M. Epecify)	Dec. 22, 1968 Sunr	ise Cemetery		(County) (Stote)
	F F	24.	FUNERAL DIRECTOR	1331 Rock##	Ble Pk. 2So. REC'D	BY REGISTRAR 256 REGISTRAR	'S SIGNATURE
	VR A15 (4) 30M REV 1/68	T	son Wheeler H	F. H. Rockville.	Maryland Date DE	C 2 3 1968 4000	arely friends

MARTLAND STATE DEPARTMENT OF HEALTH



_	1	MARTIAND STATE DEPARTMENT OF HEALTH
1	- 1	TO THE PROPERTY OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
12		CERTIFICATE OF DEATH 17927
1-X = NE	- 1	DECEASED NAME First Middle Lost 20 DATE OF DEATH 126 MOUR
hours ofter deoth hoy the funeral rs. Pages 1 and 2 thours after death		(Type or print) F Month Doy Year
r deot uneral 1 and 1r deat	J	A DAVE
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by the fur Pages 1		Male Caucasian December 18 last bythday) AND HOURS MIN
House by by		To BIRTHPLACE (Stote or Foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED 9 COUNTY OF DEATH
7.50		Pittsburg, Pa. USA WIDOWED D. NORCED Montgomery Counte Md
E SE SE		0 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work some 12b KIND OF BIK NESS OR
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 Page 4 may be retained by the haspital or ottending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely writed director, page 3 should be detached for use as the buriol-transit permit. Then please remove carban page should be detached for use as the buriol-transit permit. Then please remove carban page should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72	±₹3	Chevy Chase, Md. 5100 Dorset Ave. apt. 507 during most of working the even threating to the construction
pler car	, -	30. USUAL MESIDENCE (Where deceased lived, it institution. Residence before [13c. CITY OR TOWN.) 13d MS_DECTYLIMITS? [13e/STREET AND NUMBER.]
completion completions car	1	odmission) STATE Maryland 136 COUNTY Montgomery Chevy Chose YES NO 5100 Borset Ave
anl c		4. FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle Lost
ote be executed v		Herbert (NMN) Poulter Anna (NAN) O'Brien
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equires that the death certificote by physicion. signed by the ottending phys.com buriol-transit permit. Then please burial, cremation, or removal, and	I.	Yes, no or unknown (1 yes give war or does at service) 4/19 374-09-8661 Thema Poulter (wife) 5100 Dorset Ave
The The		IB CAUSE OF DEATH (Enter only one cause per une for (a), (b) and (c)) APPROXIMATE INT.RVA. BETWEEN ONSE! AND DEATH
ath ii-ii-ii-ii-ii-ii-ii-ii-ii-ii-ii-ii-ii-		PART I. DEATH WAS CAUSED BY. MMEDIATE CAUSE (a) Generalized Carcinomatosis with Cacheria 2-3 months
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The low rotending has been se os the th prior to	~)	190. DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 200. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
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G PHYSIC the haspi this certi detached		
P e fije	- 1	at work at work
DING by t ffer be c Stote	- 1	22a. I certify that (1) (this hospital) attended the deceased from April , 1968, to December 25 1968, that (1) (we) lost saw the deceased alive an December 23 1968, and that in (my) (our) apinion death occurred on the date and hour and from the causes stated above (1) (we) (did) (did not) view the body after death
A P A P A P A P A P A P A P A P A P A P		saw the deceased alive an December 23 1968, and that in (my) (our) apinion death occurred on the date and hour and from the
Soul P th	- 1	teasts stated about (1) (we) (and (all a fair) view life body after death.
refined with with with with with with with with	- 1	226 SIGNATURE O : 1) K O ON O ATTENDING IN MED STAFF O ONTE SIGNED
be be ded		1. Nell Jennedy, M.V. DEGREE PHYS DIRECTOR PHYS December 25, 1960
may be retained by the haspital or ottending RAL DIRECTOR: After this certificate has been copied 3 should be detached for use as the befiled with the State Dept. of Health prior to	1	22d. PHYTCIAN'S NAME (Type) T Mail Kalinada 22e. ADDRESS NAME (Type) T Mail Kalinada 22e. ADDRESS
SPI 4 r NER Tfor,	۱ ا	J. J. Weill Hanneag 1161) St., N. C., Washington, D.C.
TO HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the haspital or TO FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for ustrouid be filed with the State Dept. of Healt		30 BURIA REMATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote)
5 5 5 5 ×	-	BURIAL 12-28-68 PArklaun Cemetery Rockville Montgenery Md.
VR A15 (5	4. FUNERAL DIRECTOR ADDRESS 250 RECD BY REGISTRAR 25b REGISTRAR 5 SIGNATURE
45M 1/4	100	Joseph Gawler's Sons Inc Washington, D.C. DATE 1969 Frances Junge
4	-	



MAKYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17928 CERTIFICATE OF DEATH 1 DECEASED NAME Middle Lost 20. DATE OF DEATH death 25 HOUR eral (Type or print) December Wilhelmine PRADES 240P # 3 SEX 4 RACE S. DATE OF BIRTH 6 AGE (In years last birthday) LE LINDER 1 YEAR F UNDER 24 HRS Female Caucasian August 11. 1928 within 24 hours To BIRTHPLACE (State or foreign 76. CT ZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED T NEVER MARRIED Germany USA Montgomery WIDOWED I DIVORCED T iely filled i 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hosp tol 12a. USUAL OCCUPATION (Kind of work done 12b, KIND OF BUS NESS OR Waval Hospital during mast of working, te, even fretired)
Housewife cayban Bethesda 130. USUAL RES DENCE (Where deceased hyed, if institution; Res dence before 13: CITY OR TOWN burial, crematian, ar remavai, and in any event, 13e STREET AND NUMBER 13d INSIDE CITY LIMITS? NOTES 3305 West Lloyd Street Pensacola 14 FATHER'S NAME Middle last 15 MOTHER'S MAIDEN NAME First Middle Last TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Albert Koch Unknown Address Florida 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Pensacola [(If yes give war or dates of service) Yes no ar unknown) ADRC Albert M. Prades, 3305 W. Lloyd St. APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter on y one cause per line for (a) (b), and (c)) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) POST OP. REPLACEMENT OF MITRAL AND AORTIC DUE TO. OR AS A CONSEQUENCE OF VALVES signed by the burial-transit p Conditions, if any, which gave) nse to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) **TO FUNERAL DIRECTOR:** After this certificate has been director, page 3 should be detached far use as the shau d be filed with the State Dept. at Health priar to 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes YES IX NO [21o. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town County While hat while at work 22a. I certify that (1) (this haspital) attended the deceased from Nov. 21 , 19 68, ta Dec. 5 , 1968 , that (1) (we) tast saw the deceased arrive an Dec. 5 1968, and that in (1969) (aur) apinion death accurred on the date and hour and from the causes stated above, (1) (we) (did) (1864) view the body after death. may be retained 22b SIGNATURE 22c DATE SIGNED ATTENDING 6 Dec. 1968 PHYS DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) W. E. BEASLEY, III, CDR, MC. USN Naval Hospital, Bethesda, Md. 23c NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION, 23b. DATE 23d LOCATION (City or Town) (Caunty) (State) 他是所是在其pu J. William Lee's Sons Co. D.C. Washington William Lee's SONDEREGO. 2So REC D BY REGISTRAR 25b REG STRAR S SIGNATUR VR A15 (4) 45M - 1/69 4th and Massachusetts Ave., N.E. Washington, D. CARDEC 11



	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.	1 DECEASED NAME First Modele Cast 20 DATE KNOWN Month Day Year 2b. HOUR
of ge to	1 DECEASED-NAME (Type or Print) Roll Modele Control Roll Roll Control Roll R
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death with f	10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION And of work done 12b KIND OF BUSINESS OR
ofter death 8. Give Poges 1, olong with form with the Store De	Betheode Sweet Hospital during most of working ite, even if retired MOVSIRY
Giv Giv	130 USUAL RESIDENCE (Where deceased lifed, if institution Residence before) 13C, 47Y OR TOWN [13d. INSIDE CITY LIM IS? [13e, STREET, AND NUMBER
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24 hours in Them I so Office South	14. FATHER'S NAME O First Middle Clast . IS. MOTHER'S MAIDEN NAME First Middle Last
75	Koy Kujus Kainis Ivie MAE JAMES
	16d. WAS DECEASED EVER JUG.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS
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"pe" "pief hief	Conditions, if any, which gave is to immediate cause (a), (b) Carelie Vaseular Disease - 1/ears.
ord ord ord ord ord ord	stoting the underlying cause DUE TO, OR AS A CONSEQUENCE OF
should be executed to word "pending" is to the Chief Medical buriol tronsit permit.	lost. (c)
op the purification of the	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
iffice inting orde	
wr wr Irwe Used	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED?
his ote, e fc	WAS PERFORMED? YES \(\text{NO } \(\text{X} \)
	19b. CONDITION FOR WHICH OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES NO X 21d. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING HOUR A.M PRIMARY OR CONTRIBUTING HOUR A.M 19 21d. INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.) 21d. INJURY OCCURRED (21d. INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.)
ter ter thou sho sho	CAUSE OF DEATH P.M. 19
	21d INJURY OCCURRED WHILE NOT WHILE AT WORK A
bical Examiner: se execute the certi- stor. Page 4 should ned for your files. ECTOR: Poge 3 should burial, cremotion,	
AL Exec for for for for	22a. I certify that I taak charge of the remains described above, held an Autapsy, Inspection
brc se e serto ned rECI	death resulted from. Natural causes 🔀 , Accident 🔲 , Suicide 🔲 , Hamicide 🔲 , Undetermined manner 🔲
pleose direct retaine DIREC	ACTUAL OLD GOOD CHIEF MEDICAL EXAMINER (
rry, in the role of prince pri	SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER DOCUMENT OF THE STORES OF THE
EPO TENER S	EXAMINER'S NAME (Type) John G. Ball ADDRESS(Street, city, town, or county)
necessary, please execute the funeral director. Page 4 5 may be retained for yoge 10 Euler DIRECTOR: Page Health prior to burial, crem	Applications of the state of th
F - E	236 BUR.AI (REMARK) 23b DATE 23c NAME OF CEMETERY OF CREMATORY RFD#2 Wayne N. Caroli
	24 FUNERAL DIRECTOR RODE TO A PLAND PROST ADDRESS 1250 RECIDENT A PLAND PROST ADDRESS 1250 RECIDENT A PLAND PROST ADDRESS
VR A15ME [5] 10M REV 1768	7557-Wisconsin Ave., Bethesda, Md. DATUAN 6 1969 Minney

MARYLAND STATE DEPARTMENT OF HEALTH



1		DIVISION OF VITAL RECORDS, 301	W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
		CER	TIFICATE OF DEATH	17930
end 2 end 2 death.	1. D	ECEASED NAME First Middle STRONK	Ray 20. DATE OF DEATH 12 Manth 3 1 Do	y 6 Stear 25. HOUR
offer of the control	3. S	M. 4. RACE Carc.	S. DATE/OF BIRTH 6. AGE (In years last birthday) 9. YRS	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN
4 hours 1 in by 1 eers. Page 72 hours	COU	BIRTHPLACE (Stote or fore gn. 7b CITIZEN OF WHAT COUNTRY? 8. M.	ARRIED NEVERMARRIED 9 COUNTY OF DEATH DOWED DIVORCED Mentagner	1 Md.
within 2 sly fillec san pap within	10 (CITY OR TOWN OF DEATH LEWY Chase , Botherda - Sele	ION (If not in hospital 12a USUAL OCCUPATION (Ind af work dang luring most of working life, even if retired.)	126 KIND OF BUSINESS OR INDUSTRY
be Executed within 24 hours ond completely filled in by the remove carban papers. Plin ony event, within 72 hours	odm	LSUAL RESIDENCE (Where deceased lived, if institution: Residence before issuan) STATE 136 COUNTY	CITY OR TOWN / 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER YES NO 53/5 Con	nn aue NW
be Exe		FATHER'S NAME First Middle Lost Thomas Ray	1S MOTHER'S MAIDEN NAME First Middle Ellen	Syna Lost
physician en pleose oval, and i	160.	. WAS DECEASED EVER IN U.S. ARMED FORCES? [16b. SOCIAL SECURITY NO. (les, no Neunknown) (it yes give wer or dates of service) 219-03-3866	17 INFORMANT Address Self	
S E		18. CAUSE OF DEATH (Enter only one cause per line (p-(o), (b), and (c)) PART 1 DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO, DR AS A CONSEQUENCE OF	visula, accident	APPRÖXIMATE INTERVAL BETWEEN GISET AND PLATH
The low requires that the deoth oftending physician. has been signed by the ottendins se os the burial-transit permit. Th prior to burial, cremation, or re		Conditions, if any, which gove itse to immediate couse (a), stating the underlying cause last	Larlie Heart descare	10 year
	NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REI	LATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
	CERTIFICAT	19a. Date of Operation 19b. Condit on for which operation was perform	YES NO CAUSES OF DEATH?	
	MEDICAL CE	216 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 19 19 19 19 19 19 19 1	21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2,	
DING PHYSICI by the hospit (fer this certif be detached Stote Dept. of	2	21d. INJURY OCCURRED While At work 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) of work 21d. At work 21d. At work 21d.		County State
=		220 I certify that (I) (this hospital) attended the deceased from the deceased give on (2-2) 195 courses stated above, (.) (40) (did bot) view the body	and that in (my) (au) opinian death accurred on the d	ate and hour and fram the
ed Se Se ed		226 SIGNATURE durant Goldon M. D	DEGREE PHYS DIRECTOR STAFF PHYS.	DATE SIGNED/
A So A So A		22d. PHYSICIANS NAME (Type) EDWARD ADELSON	M. D. 220. ADDRESS 70.20 R1	chard Dr. Betheid
TO HOSPII Page 4 m TO FUNER, director, shauld b	1		ve Cemetery Medford	(County) (State) Mass
VR A15 (4) 30M REV, 1/68		FÜNERAL DIRECTOR Jos. Gawler Sons 5130 Wisc Ave NW W	ash. D.C.	S STUNDUKE

MAKTLAND STATE DEPAKTMENT OF HEALTH

5, 6g

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMO	RE, MARYLAND 21201
CERTIFICATE OF DEATH	17931
1 DECEASED-NAME First Middle Last 2	o. DATE OF DEATH 2b. HOUR
를 물로를 (Type or print) HENRY JACK REID	Month Pay 7 fear M
3. SEX 4 RACE S. DATE OF BIRTH	6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
Male Negro date unknown	lost birthdov) TAMOM PART PART MIN
70. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? B. MARRIED NEVER MARRIED 9. COUNTRY 9	OUNTY OF DEATH
Charlotte, N.C. USA WIDOWED DIVORCED	Montgomery Md.
10. CITY OR TOWN OF DEATH II. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL O	CCJPATION (Kind of work done 12b. KIND OF BUSINESS OR
The part of the	of working life, even if retired.) INDUSTRY
13a USUAL RESIDENCE (Where deceased lived, 'f institution Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS?	13e. STREET AND NUMBER
D.C. STATE 13V 08VAXV Wash. DC YES NO	421 Tea St., NW, Wash., DC
15. MOTHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First	Middle Last
Lee Ike Reid unknown	
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Yes no grunknown) (If yes give wor or define of service)	Address
Yes, no, ar unknawn) (If yes give wor ar derive) 2419-16-711	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),)	APPROX.MATE INTERVAL BETWEEN ONSET AND DEATH
# # # PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Reference fory feeling	30000
DUE TO, OR AS A CONSEQUENCE OF	1 1
E 2 to to Conditions, if any, which gove (a), (b) Reculogance concinons	C GUICKING
The following the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
Sel. (c) (c) (d)	
stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR COND 16.2 / 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? YES NO	ITION GIVEN IN PART 1(a)
No. 162	
1%. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY?	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? YES NO 1 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 121c. HOW SHIRPY OCCURRED (Enter on	•
210. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter no	ture of injury in Part 1 or Part 2, Item 1B)
OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M. 19 21d INUIRY OCCURPED 121e PLACE OF INVIRY ALL HOME FARM STREET FACTORY AT 1214 LOCATION. Street or R.F.D. No.	
210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 10 D J J J J J J J J J J J J J J J J J J	City or Town County State
ot work ot work	12/27 (0
220. I certify that (1) (this hospital) attended the deceased from 17 0 , 19 0 saw the deceased give an 19 0 , and that in (my) four) apinio	, to 12 2 , 1938 , that (I) (we) last n death occurred an the date and haur and from the
220. I certify that (I) (this hospital) attended the deceased from 17-15 of 1960 saw the deceased alive an 1960, and that in (my) (our) apinion causes stated above, (I) (we) (did) (did not) view the body after death.	n death occurred on the date and haur and from the
E & C & E	22c. DAVE SIGNED
210. ACCIDENT WAS UNDERLYING OFFice Building, ETC TOR D STAFF D 122768	
22d. PHYSICIAN'S 22e. ADDRESS	
NAME(Type) David A. Morowitz, M.D. 9237 Three	Daks Dr., Silver Spring, Md.
230 BURIA CREMATION 23b DATE 23c NO OF COUNTRY OR CREMATORY	Daks Dr., Silver Spring, Md.
24 Z 2 2	Id LOCATION (City or Town) (County) (Sofe)

MARYLAND STATE DEPARTMENT OF HEALTH

/1		MARYLAND STATE DEPARTMENT OF HEALTH	
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
HEALTH DEPT.	1.5		7 9 3 2
THE PARTY OF THE		Type or Print)	Doy Year 2b HOUR
ay is 3 ta Poge	3 S	EX A RACE S DATE OF BIRTH 6 AGE (In years IF UNDER I YEAR IF UNDER 24 HRS 2c DATE PRONOUNCED DEAD	1963 27 AM
y daloy		Temale W 3/24/1888 30 YRS HOURS Min. Manth Doy	Year 1968 8-44M
2,7		BIRTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? B MARRIED NEVER MARRIED 9. COUNTY OF DEATH MIDDWED 18 DIVORCED 19 MONTEGE	Emery Mc
Give Pages ong with far in the State	10.	give street address) during ryost of working life, everyth retired 1	12b. KIND OF BUSINESS OR INDUSTRY
0 8 3 3		USUAL RES DENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13d, INSIDE CITY UNITS? 13e STREET AND NUMBER dmission) STATE 13b COUNTY Month of the County Month	1.00
W - T. Tay	14	FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle	Ren Pres
-100		Frank Etzel Baldwine Winkelmann	क्रिक्ट्र
hin ncri nine pogr		WAS DECEASED EVER IN U.S. ARMED FORCES? (165, po, or unknown) (It yes give wer or dates of service) None Batty & Cuck Daugther 129	18 Larkm Pl
This certificate showld be executed wit ficate, writing the ward "pending" in pe be farwarded to the Chief Medical Exard be used as a burial transit permit. File or remayal, and in any event within 72		18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
reute dica dica with		PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) INTESTIGNAL OBSTRUCTION	? chays -
be executed "pending" in itef Medical E unsit permit. f event within		DUE TO, OR AS A CONSEQUENCE OF	- i 7
be hief		rise to immediate couse (a), (b)	2 days
certificate sho≡ld writing the ward inwarded ta the Cl used as a burial tra maval, and in any		storing the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
sh ta the burn and in		10) MOTASTATUL MALIENANT VARCINED TUYER ILEUM.	
cate ng the led one		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
rrtifi vard vard vard	TION	196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION	20 AUTOPSY?
fan fan emc	CERTIFICATION	WAS PERFORMED?	YES X NO
		21a EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING HOUR A.M. P.M. 19 21a EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING Part 1 or Part 2, Item P.M. 19	
e certif shauld files. 3 should	MEDICAL	CAUSE OF DEATH P.M. 19 21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R.F.D. Na City or Yown	County State
th the second se		WHILE NOT WHILE AT WORK AT WORK AT A WORK AT A WORK AT	county 5 are
L EXAMINECUTE Page far you RR: Pagi		220. I certify that I took charge of the remains described above, held an Autopsy [X], Inspection [X], Inquiry [X]	and in my opinion
for the burn burn burn burn burn burn burn burn		deoth resulted from. Notural couses 🔀, Accident 🔲, Suicide 🔲, Hamicide 🔲 Undetermined monner [
please ex director. retained or to bu	1	CHIEF MEDICAL EXAMINER	
AL AL		SIGNATURE	
CESSORY, cessory, e funera may be FUNERAL adith pr			- 18,1968.
necessary, please execute the funeral director. Page 5 may be retained far you to Funeral Director. Page Health priar to burial, c	23-		(County) (State)
E 2 -	230	Buriai 12-20-68 Arlington Natl Cem. Arlington, Vi	
		FUNERAL DIRECTOR ADDRESS 250 REC D BY REGISTRAR 250 REG STRAR S SI	GNATURE
VR A15ME (5)	F	ROBERT A. PUMPHREY, Bethesda, Maryland DATE DEC 26 1988 Ocho	Was Cudar



- 1					PARIMENT OF				
6	179	DIVISIO	N OF VITAL RECORD		TE OF DEATH			17933	
(%)) DECEASED NAME	First	Middle	CLKTITICA	lost	20 DATE OF		11000	2b, HOUR
be executed within 24 haurs after death. Land completely filled in by the funeral e remave carban paper. Figges 1 and 2 I in any event, within 72 nours after death.	(Type or print)		Rose X	Bodock S	88 Robins	20 DATE OF	Month Doy	y Yeor	8:30M
fund fund s i c	3. SEX	4. RACE	-	S.	DATE OF BIRTH	12	6. AGF (In years last birthday)		IF LNOFR 24 HRS. HOURS M.N.
haurs after by the furnings I mours after	Female		White		XXXXXXXXX		58 5 6 YRS	MONTHS DATS	HUUKS MIN.
100	70 BIRTHPLACE (Stote Springfiel	or foreign 7b CITIZEN	OF WHAT COUNTRY?	8 MARRIED WIDOWED >	NEVER MARRIED []	9 COUNTY OF			
8.97	10 CITY OR TOWN OF		11 NAME OF HOSPITAL OR		hospital 120 U	SUAL OCCUPATION	(Kind of work done	126 KIND OF B	USINESS OR
a will	Silver		aso Tolyton	_	during	most of working	ife, even if retired)	INDUSTRY EL*Lil	
carr,	130. USUAL RESIDENCE odmission) STATE	(Where deceosed lived, if	institution Residence before	1	YES FOR		EET AND NUMBER) S Lads S		
ng e	Virgini 14 FATHER S NAME	a - W A	clington Lost	Arlingt	OTHER S MAIDEN NAME		Middle	O. ALLII	Lost
	TA THUMEN O THUME	?	Callah		OTTER S THE PER LANGE	Marie	?	0'nei	
	16a WAS DECEASED E	VER IN U.S. ARMED FORCES	maca)			avid Jen	rings Address 1	2111 80	aemont.
	Yes, no, or unknow NONE		327-22-17	.,-	o disconstrate	00000000	COOODOUCH	APPROX M	ATE HTERVAL
rem	PART DE	DEATH (Enter only one coust ATH WAS CAUSED BY:	(0 V	(a))	- peri	land			SET AND DEATH
an, al	4260	DOC 1	O, OR AS A CONSEQUENCE	DF.					
detached for use as the burial-tensit permit. Then please remave cark to Dept. af Health prior ta burial, cremation, ar remaval, and in any event, well with the Dead	Conditions, if or rise to immedi	Marauca (a)	(b) legter	tension					
	stoling the unc	erlying couse DUE I	O, OR AS A CONSEQUENCE (OF					
D lie		SIGNIFICANT CONDITIONS CO	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	NOT RELATED TO TH	HE TERMINAL DISEASE C	RCONDITION GIVEN	I IN PART 1(o)	1	
2 C	8							lone	
	190. DATE OF OPE	RATION 196. CONDITION	FOR WHICH OPERATION WAS	PERFORMED	200, AUTOPSY?		YES, WERE FINDINGS (OF DEATH?	CONSIDERED IN CEI	ETIFYING
15º			TIME OF INJURY		INJURY OCCURRED (Er	nter noture of injur	y in Port 1 or Part 2,	Item 18.)	
3	(If either, notify	med (al exammer)	R A.M. Month Doy Ye	19					
3	21d. INJURY OC While Not s	741116	NJURY (AT HOME, FARM, STREET, OFFICE BUILDING, ETC.	FACTORY,) 21f. LOCA	TION Street or R.F.D.	No. City	or Tawn	County	Stote
3	22g certify	OTK	th attended the dece	nsed from # A	backet 19	6 O. to	the brest	that	(I) (see) lost
levied	saw the	that (I) (the hospite deceased alive an _ stated obove, (I) (Obsert 3 1	a bady ofter de	tat in (my) (opinion death o	ccurred on the d	ate and havr o	nd from the
should be filled with the State Dept.	22b. SIGNATURE		(did fibr) view ii	# A		LIED.	220.	DATE SIGNED	7
× pa		Malfe	etman	DEGREE	ATTENDING PHYS	MED. DIRECTOR	STAFF PHYS.	2/25/	68.
= aa]	22d. PHYSICIAN' NAME (Type	Adoloh	Friedi	man	22e. ADDRESS	EYE	St. N	w. W.	LSH
,	230. BURIAL, CREMAT	ION, 23b DATE	23c NAME	OF CEMETERY OR CR			N (City or Town)	(County)	(Stote)
0	SEMOVAL (Specif		1968 Gate	of Heaver	1 Cemetery	Sil	256 REGISTRAR	Tontaom.	Md.
	24 FUNERAL DIRECTO		OMC 8434 Ge	orgia Aug	Md. 250 REC	196 196	9 PClian	Les Cond	a.e



301	įt,	ms 18-22a Film 408 MARYLAND STATE DEPARTMENT OF HEALTH 10-69 ams DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		#7003 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	17934
HEALTH DEPT.		DECEASED-NAME First Middle Lost 20, DATE KNOWN[X] Month D	Doy Yeor 2b. HOUR
lay is Poge		Type or Print) Frances Mariam ROE OF ESTI- DEATH MATED 12	1 1968 5:200
any delay is 1, 2, and 3 to m PM3. Page Department of	3 5	EX 4 RACE S DATE OF BIRTH 6. AGE (in years 15 JNDER 1 YEAR 15 LINDER 24 NES 20 DATE PRONOLINCED DEAD lost birthdoy) MONITIES DAYS MOURS MAIN Month Days	2d HOUR
PM3.		Semale Caucas June 24, 1913 55 YRS	Year 19 68 5:20
1, 2 m Depu	70	BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH	
form form	. N	Hassachusetts U.S. WIDOWED DIVORCED Montgomery	Md
after deoth Give Pages 1, aling with form with the State Deleath.			2b KIND OF BUSINESS OR
ive ng v of the	122	g.ve street oddress) Rethesda G.ve street oddress) Naval Hospital, Bethesda Secretary LSUAL RES DENCE (Where deceased lived, if institution Residence before 13c. CITY OR TOWN 30 INSIGE CITY JAM 157 13e STREET AND NUMBER	CPA
	130		
		drives only in the law county Falls Church YES NO 1 304 E. Broad St. ATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	lost
offer of the	' '		LOST
thin 24 niner's pages hours	160.		s Church, Va
be executed within 24 "pending" in pencil in infer Medical Exominer's ansit permit. File pages event within 72 hours		WAS DECEASED EVER IN U.S. ARMED FORCES? (es, no, or unknown) (If yes give wor or dates of service)	
d with in per Exon		18 CAUSE OF DEATH (Enter only one rouse per line for (a) (b) and (c))	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
be executed "pending" in initial Medical Es insit permit. Fi event within		PART I DEATH WAS CAUSED BY	2 hrs.
exe modili Me nt v		IMMEDIATE CAUSE (n OVERGOSE OF DARBITURATES & ALCOHOL DUE TO, OR AS A CONSEQUENCE OF	
be exe "pendi" hief Me ansit pe		Conditions, if any, which gave and the course (a), (b)	
vord re Cr ol-fr		stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
should be e ne word "per o the Chief I buriol-transit		[dst (c)	
This certificate should cate, writing the word be forwarded to the Ch I be used as a buriol-tra	2	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
this certific cate, writing be forwards be used as	CERTIFICATION	190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
his are, be to ren	E E		YES X NO
bical EXAMINER: This certificate should be executed within 2 please execute the certificate, writing the word "pending" in pencil it director. Page 4 should be forwarded to the Chief Medical Examiner retained for your files. **DIRECTOR:**Page 3 should be used as a buriol-transit permit. File pages or to burial, cremation, ar removal, and in ony event within 72 hours.	MED-CAL CE	216 EXTERNAL CAUSE WAS PRIMARY TO OR CONTRIBUTING HOUR A M. CAUSE OF DEATH 216. TIME OF INJURY Month, Doy, Year HOUR A M. Took large dose of nembutal intoxicated	when
He the Till	W	2 d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R F D No City ar Town	County State
₹ e e o o o o o o o o o o o o o o o o o		WHILE INOT WHERE AT WORK AT WO	Va.
Xect Xect Xect Year Part For The Part I for The Par		22a. I certify that I taak charge of the remains described above, held an Autopsy 🔀, Inspection 💢, Inquiry 🔀,	and in my apinian
bices exdirector.		death resulted fram Natural causes 🔲 , Accident 🔀 , Suicide 🔲 , Hamicide 🔲 , Undetermined manner 🗌	
dire dire eton to to to to		ACTUAL OLD BY BLOOM CHIEF MEDICAL EXAMINER C	
ITY, ple reto di prior		SIGNATURE MD ASSISTANT MEDICAL EXAMINERY 220 DATE SIGNATURE	GNED C 1968
o DEPUTY necessory, p the funeral 5 may be ra 5 ruy be ra Health prio		EXAMINER'S NAME (Type) JOHN G BALL MD, MONTGOMERY COUNTY, MDRESS (Street, c.ty, town, pr county)	, 17,300
necessory, please execut the funeral director. Pag 5 may be retained for y TO FUNERAL DIRECTOR: P Health prior to burial,	23e		County) (State)
H =		EMINATED 12/4/68 Arlington National Cemetery, Arlington	Va.
	24	FUNERAL DIRECTORFalls Church Funeral ADDRESS Home 250 REC D BY REGISTRAR 25b REGISTRAR S 510	SNATURE
VR A15ME (5) 10M REV 1/68		02 West Broad Street, Falls Church, Va. DEC 4 1968 & Lawie.	0
	-		7 0



× 1 8		tems 1,13,14 & 17 MARYLAND STATE DEPARTMENT OF HEALTH The Book Division of Vital Records, 301 W. Preston Street, Baltimore, Maryland 21201	
FOR STATE	1	16/69 kk 1797 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	17935
HEALTH DEPT.		FIRST 20. DATE KNOWN X Month	Doy Year 2b. HOT
ay is 3 ta Poge ont af	(Type or Print) ABRAHAM ROTTETION DER OF ESTI- DEC.	20,1968 9 p
delay	3 5	EX 4 RACE S. DATE OF BIRTH 6 AGE (In years 1 F UNDER 1 YEAR 1 F UNDER 24 HRS. 20 DATE PRONOUNCED DEAD	2d /HOHI
The state of the s		Male W Aug. 14, 1885 8 December 19 20	, redr 1968 9 5
Department	70. £0.H	BIRTHPLACE (Stote or foreign 75 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9, COUNTY OF DEATH	
# E E	10	RUSSIA U.S.A. WIDOWED DIVORCED MONTGOMERY TITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 1	In. Willia or allellings on
death death with armithe state	10.	Bethesda II NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of work no if ever fretired) Bethesda Suburban Hospital	126. KIND OF BUSINESS OR INDUSTRY Jewelry
	130	USUAL RES DENCE (Where deceosed rived, if institution Residence before 13c CITY OR TOWN 3d INS DE CITY LIMITS 13e. STREET AND NUMBER Ed	Jewelly
18. Give along a vith death.	0	Many Mand 136 COMMontgomery Bethesda YES IX NO 4710 Edgbodd	"
24 hours in Item 1 rs Office as 1002	14	FATHER'S NAME First Port Andrew Lost Is MOTHER'S MAIDEN NAME First Middle	Last
2 1 S		David Hother Pessie	Gitman
S = 8 8 8	160	WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Engemoor 54/10 Appending of Service)	te lane
> × = '		(Hyas give wer or dorles of service) 066-07-6007 Fred Schutzman Bethesda,	
		18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED 8Y	APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
d be executed d "pending" ir Chief Medical I fransit permit. y event within		2007 MMEDIATE CAUSE (a) BRONCHTAL PINEUMONTA	3 days
e ex pen ef M sit p		Canditions, if any, which gave) (b) MALNUTRITION	
Id b rd " Chie tran		rise to immediate cause (a), (b) INTLITOTILITION	months
shauld be e ne ward "per ia the Chief i burial-transit i in any ever		stoling the underlying couse DUE 10, OR AS A CONSEQUENCE OF lost SENILE - Atrophy of Brain	years
s certificate she, writing the farwarded ta : s used as a bu emaval, and in		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(g)	7,0020
is certificate the writing the farwarded to be used as a bread and remayal, and	z	504X	
	CERTIFICATION	19g DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
This icate, be fa	RTIFI		YES 🔀 NO 🗌
# 등 등 은 일	AL CE	216. EXTERNAL CAUSE WAS 216. TIME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Ite PRIMARY OR CONTRIBUTING HOUR A.M.	ım 18.)
= ~ = ~ =	■ED!CAL	CAUSE OF DEATH P.M. 19	Caraba Stan
EXAMINER: ute the cert age 4 should your files. Page 3 should, cremotion,	Ι-	WHILE NOT WHILE factory, office building, etc.)	County State
EX.		220. I certify that I took charge of the remains described above, held on Autopsy 🗷, Inspection 😿, Inquiry 🛣	ond in my opinio
CAL exe exe d for CTO		death resulted from. Natural causes X, Accident \(\), Suicide \(\), Homicide \(\) Undetermined monner	
please director director retained or to b		Chief Medical Examiner	
plan in ret		SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 22b DATE S	SIGNED
PUT Sany Jiner Y be Y be IER/		EXAMINER'S TOLEN C DATE IN DEC.	. 21,1968
necessary, please execute the the funeral director. Page 4 st 5 may be retained for your first to FUNERAL DIRECTOR: Page 3 Health prior to burial, cremo		NAME (Type) ADDRESS(Street, city, town, or county)	
0 = ± 0 = =	230	PEMOVAL (Spar.fu)	(County) (State)
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To so	on an	70. I	BIRTHPLACE (Stote or foreign	7b. CITIZEN OF V	/HAT COUNTRY?	8. MARRIED NEV		9. COUNTY OF DEATH			
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be executed within 24 having	attending physician and campletely filled in sermit. Then please remave carbon papers. an, ar remaval, and in any event, within 72 h.		ITY OR TOWN OF DEATH	11. 1 117.	NAME OF HOSPITAL OR IN estreet address Clinical	Center, 1	NIH durings	IAL OCCUPATION (Kind of wo lost of working life, even if Luden C	rk done retired.)	12b. KIND OF BI INDUSTRY	SSINESS OR
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	ev / 2	P	ssion) STATE ennsylvania	13b. COUNTY		Lancaste:	r YES X N	⁰ □ 722 Four	th St	reet	
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9 -	em Th		1B. CAUSE OF DEATH (Enter PART 1 DEATH WAS CAU	only one couse per	line for (o), (b), and (c))				BETWEEN ONS	TE INTERVAL ET AND DEATH
eat	endi arr		PART I DEATH WAS CAD	DIATE CAUSE (o)	Bronchopneu	monia and	sepsis			Day	5
ė P	off peri		*		AS A CONSEQUENCE OF						
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ŧ	by by trar cre:		stating the underlying caus		AS A CONSEQUENCE OF						
res	physician. signed by the burial-transit burial, cremati		lost.) (c)							
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He He	has has use as lth pri	E.					YES NO		Yes	-	
OR ATTENDING PHYSICIAN: The law requires that the death certificate	pital ol rrificate d far o af Hea	MEDICAL CO	21a. ACCIDENT WAS UNDERLY OR CONTRIBUT NG CAUSE OF D (If either, notify medical exor	EATH HOUR A.M miner) P.M	Month Doy Yeor	9		er nature of injury in Part 1	or Part 2, Ite	em 18.)	
PHYS	this cel etache Dept.	¥	at work of work		(AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.					County	State
28	ter fter oe d		22a. I certify that (4) (saw the deceased	this haspital)at	tended the deceas	ed from 21 O	ctober, 191	68 , to 28 Dec.	, 19_	68 , that (# (we) last
8	ed St. A		saw the deceased cause <u>s s</u> tated aba	alive an	December	9_00, and that	t in 🏣) (aur) ap	inian death accurred a	n the dat	e and haur a	nd fram the
	tain that		22b SIGNATURE	(ve,=(4) (we) (u)a	(anation) view inte	bady after death.			22c D	ATE SIGNED	
2	3 S d will		Burn L	1/2 A	Sell 19.1	DEGREE P	ATTENDING D	MED. DIRECTOR PHYS. 5		Decembe	r 1968
	y b C D S S S S S S S S S S S S S S S S S S		22d. PHYSICIAN'S	967	navi II-		2e ADDRESS Th	e Clinical Ce	nter,		
11	ERA ERA I be	١.	NAME (Type) Bria	M. Good	lell, M. D.			s of Health,			
TO HOSPITAL	Page 4 may be retained by the haspital or attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 shauld be filled with the State Dept. of Health priar to burial, cremation, ar remayal, and in any event, within 72 hours after death.	230	BURIAL, CREMATION 231 REMOVAL (Specify)	b. DATE	68 RAWL	CEMETERY OR CREMA		23d LQCATION (City of To	own)	, (County)	(Stote)
_	₩ A15 (4)	24.	FUNERAL DIRECTOR	DO A	ADDRESS			BY REGISTRAR 25b. RI	GISTRAR'S S	IGNATURE	04114
	30M REV. 1768		bark Key	wolds, y	" Glean	ryulle,	DATE JA	1989	yeur	read long	44
											47



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 17938 DECEASED NAME Middle Lost by whea in by the funeral open papers Pages 1 and 2 within 72 hours offer death. 20. DATE OF DEATH 2b, HOUR hours after death (Type or print) David Thomas ROPER 2:00R 3. SEX 4 RACE S. DATE OF BIRTH F JINDER I YEAR 6. AGE (In years last birthdoy) Ditys Negroid Male October 26. 1918 7a BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH South Carolina U. S. WIDOWED . DIVORCED [Montgomery 24 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o USUAL OCCUPATION (Kind of work done 12b, KIND OF BUSINESS OR Naval Hospital, Bethesda during most of working life, even if retired) INDUSTRY S. Navy attending physician and completely " termit. Then please remave corban Bethesda buriol, cremation, or removol, and in any event, 130 USUAL RESIDENCE (Where deceased lived, if institution: Residence before: 13c CITY OR TOWN 13d NSIDE CITY LIMITS? 13e STREET AND NUMBER requires that the death certificate be executed odmission) STATE 13b COUNTY Dist. of Columbia YES 🕡 1624 Portal Washington 14 FATHER'S NAME First IS MOTHER'S MAIDEN NAME First Middle ROPER Porcher Jennie FRASTER too WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT Address 1624 Portal (If yes give wor or dates of service, Yes, no or unknown) Mrs. Florice ROPER N. W. Wash D.C 18 CAUSE OF DEATH (Enter only one couse per one for (o), (b) and (c)) PART I DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (o) Carcinoma of the colon with widespread metastases DUE TO, OR AS A CONSEQUENCE OF signed by the c Conditions, if ony, which gove) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detoched for use as the should be filed with the State Dept. of Health prior to 1 90 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🔽 NO | 10 HOSPITAL OR ATTENDING PHYSICIAN: 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 2)c HOW INJURY OCCURRED (Enter noture of milury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) 210. PLACE OF INJURY (AT HOME TARM STREET, FACTORY.) 27f. LOCATION Street or R.F.D. No. 21d INJURY OCCURRED City or Town County Stote While Not white at work at work of work of work of the deceased from Nov. 12, 19.68, to Dec. 1, 19.68, that (b) (we) last sow the deceased drive on Dec. 1, 19.68, and nour and from the couses stoted above, (1) (we) (30) (or 10) view the body after death. 22b. SIGNATURE A 22c DATE SIGNED Dec. 2, 1968 DEGREE PHYS DIRECTOR 22d. PHYSICIAN S 22e ADDRESS Halbert E. ASHWORTH, M.D. Naval Hospital, Bethesda, Md. 23c NAME OF CEMETERY OR CREMATORY Arlington National Cemetery Arlington 23b DATE 230 BUR AL, CREMATION, (Stote) (County) 12/5/68 24. FUNERAL DIRECTOR 250 REC D BY REGISTRAR 25b REGISTRAR S SIGNATURE VR A15 (4) Frazier Funeral Home, 389 Rhode Island Ave. DATEDEC 5 1968 45M - 1/69



· _	1			ID STATE DEPARTMENT OF		
		RODER		, 301 W. PRESTON STREET, BAL	TIMORE, MARYLAND 21201	47030
(22. W 157 × C7		CERTIFICATE OF DEATH		17939
PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death, e haspital ar attending physician. In certificate has been signed by the attending physician and campletely filled in 17 the Innerestance of the burial-transit permit. Then please remave carbair papers, Pages I and 2 Dept. of Health priar to burial, cremation, ar remaval, and in any event, within 72 hours are death.		CEASED-NAME First ype or print)	Middle	Lost De Lost	20. DATE OF DEATH Month Do	2b. HOUR
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	3. 31	M	4. RACE	S. DATE OF BIRTH	6 AGE (In years last birthday) 72 YRS	F JNDER 1 YEAR F JNDER 24 HRS. MONTHS DAYS HOURS MIN
in S. T.	7o. l	IRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED X NEVER MARRIED	9. COUNTY OF DEATH	
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within	10. 0	ITY OR TOWN OF DEATH .	give street address)		JAL OCCUPATION (Kind of work done nosted work ng life, even if retired)	126 KIND OF BUSINESS OR INDUSTRY
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	Y	es, no, or unknown) (If yes give w	or ar dates of service) 577-18-1	563 Helen Krsendi	of 1937 Lamon	1 51 71.W
G G		18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSED	y one cause per line (a), (b) and (c)	11 11 11	1	APPROXIMATE NTERVAL BETWEEN ONSET AND DEATH
0.0	Ι.		TE CAUSE (o)	nephritis		SMONTHS
tian, ar remo		Conditions, if any, which gove	DUE TO, OR AS A CONTEQUENCE OF	52	. al. 11.	041
ema		rise to immediate cause (o), ((b) OUE TO, OR AS A CONSEQUENCE OF	uonia / Mulle	ry Graner	2 Jeans
burial, cremat		stoting the underlying couse lost.	(c)	V	'	0
		PART 2 OTHER SIGNIFICANT COM		OT RELATED TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART 1(0)	
	- N	arteria	- delleronis	ald C. V. A.		
· ×	CERTIFICATION	196. DATE OF OPERATION 196.	CONDITION FOR WHICH OPERATION WAS P		20b. IF YES, WERE FINDINGS (CAUSES OF DEATH?	CONSIDERED IN CERTIFYING
^	ERTIF	DI - AFFIDENT WAS HARPENAND	C. Last state of muliply	YES NO	J	
		210. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEAT	H HOUR A.M. Month Doy Year	ZIC. HOW INJURY OCCURRED (Ent	er noture of injury in Port 1 or Port 2,	Item 18)
	MEDICAL	(If either, notify medical examing 21d INJURY OCCURRED 21e.	PLACE OF INJURY (AT HOME, FARM, STREET, FA	9 CCTORY.) 21f. LOCATION Street or R.F.D. No	o. City or Town	County State
		While Not while at work	OFFICE BUILDING, ETC.	A	Sill of 104411	23010
		22a certify that (I) (thi	s haspital) attended the deceas	ed from July , 19	lex, 10 12/25 , 19	that (I) (eve) last
		saw the deceased a	ive an 12/24 (1) (we) (did) (did nat) view the	19 <u>60</u> , and that in/(my) (our) ap	pinian death accurred on the d	ate and hour and from the
		22b. SIGNATURE	West form and many view the		22c	DATE SIGNED/
		/moneul	desim		MED. DIRECTOR D STAFF D /6	2/25/68
1	1	22d PHYSICIAN'S NAME (Type) 5/2/14	UEL DESSA.	F 22e. ADDRESS 2.	-1887. 1, h	
1	22-	BURIAL EREMATION, 23b. I	DATE 236 NAME OF	CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(Cauchy) (Carty)
	230	REMOVAL (Specify) /2	-17-68 ADAS	ISPAEL CEMETER	/ WASH . D. C	(County) (State)
	24.	FUNERAL DIRECTOR BERNAK	D HALLZANSKY YSOLUS ADDRESS	250 REC D	BY REGISTRAR 25b REGISTRAR	SIGNATURE
8		3501-14	& STN.W. WASH.D.C	DATE	0 1000	



1	1		DIVISION	MAKYLAND S N OF VITAL RECORDS, 301	IAIE DEPAKIMET		ARYLAND 21201		
FOR STATE		4 7	119	MEDICAL EXAM				179	ፈ በ
HEALTH DEPT.	1. D	ECEASED NAME	First		e	Last	2a DATE KNOWN		Year 2b HOJR
10 to f	1	Type or Print)		A.		OSSELL	DEATH MATEU	Dec. 14	168 500PM
2, and 3 to PM3. Page	3 \$	X Male	4 RACE Cauc	Jul. 25, 82	6. AGE (In years JE UNDE MONTHS VPC	R I YEAR 1F JNDER 24 DAYS HOURS	TI DAIL FROMOGREED		2d. HOJR
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deoth Cay deloy ve Pages 1, 2, and 3 y with form PM3. Pointhe Stote Department	10 (ITY OR TOWN OF	DEATH		OR INSTITUTION (If not in	hospital 12a US	JAL OCCUPATION (Kind of wo	rk done 12b KII	ND OF BUSINESS OR
ive F g w the		ethesda		give NEV at 1 res Ho	-		USM arking life, even if r		tr
execute the certificate should be executed within 24 hours after death can execute the certificate, writing the ward "pending" in pencifications 18. Give Pages 1, 2 ar. Page 4 should be forwarded to the Chief Medical Examiter 2.0ftical along with form of for your files. IOR: Page 3 should be used as a burial-transit permit. File pages 2 should be used as a burial-transit permit. File pages 2 should be used on a burial-transit within 72 hours ofter death	13a D P	osual res denc Stri c tate	t (Where decease Column	ed Uved, if institution Residence	Washing				W.
Don's	-	ATHER S NAME	Frst	Middle		ER'S MAIDEN NAME			Last
24 hour		John	Settle	s Rossell		Sarah Mo			
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should be executed with neword "pending" in perfect to the Chief Medicol Exart bursol-tronsit permit. File it in ony event within 72		IB. CAUSE OF PART I. D	DEATH (Enter on EATH WAS CAUSE	ly one cause per line for (a), (b), a D BY: ATE CAUSE (a) 3 ron	cho Pheur	noria. 1	Bilateral.	DIT DIT	TWEEN ONSET AND DEATH
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writi writi used novo	CERTIFICATION	19a DATE OF O	PERATION	19b. CONDITION WAS PERFO	FOR WHICH OPERATION			20	O. AUTOPSY?
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(AMINER: This certificate should te the certificate, writing the ward pe 4 should be forwarded to the Chour files. age 3 should be used as a bursal-tractematian, or removal, and in any	3		CONTRIBUTING				bely of Hotal a		2mail
AINER: he cert shoul files. 3 shou mattan	MED	2 d INJJRY OCC	URRED 21e	PLACE OF NURY (At hame farm s	treet, 21f. LOCATIO	ON Street or R.F.D. Na.	City or Town	Count	
bical EXAMINER: se execute the certi ectar. Page 4 should ned for your files. ECTOR: Page 3 shou bur ol, crematian,		AT WORK A	WORK A	ctory office building, etc.)		16 - 84 N			D.C.
AL E exect For OR: Jr. ol.				ook charge of the remains de			Inspection X, Inc		and in my opinion
pleose e l'directa retained L'DIRECT		deoth re	sulted from:	Natural couses , Ac	cident 🔼, Suicide			nonner	
Ssory, pleose extuneral director. by be retained finertar. INERAL DIRECTOR The prior to bur		ACTUAL SIGNATURE		John 5 13.	el.	CHIEF MEDICAL E A.D. ASSISTANT MEDIC		226. DATE SIGNED	
PUT)		EXAMINER'S				DEPLTY MEDICAL	EXAM NER 🔀	Dec. 16	, 1968
necessory, please execute the the funeral director. Page 4 5 may be retained for your to Funeral Directors: Page Health prior to bur al, crem		NAME (Type)		G. Ball, M. D.			city, town, ar caunty)		
5 = = 25 =	230	BURIAL, CREMAT REMOVAL (Spec Burial	10N 23b.	10 10 /01	WE OF CEMETERY OR CREM		23d LDCATION (City or Tow		r) (State) Va.
	24			-Wheatley, 1500	ADWEST Bradd	ock Ran RECD	BY REGISTRAR 25b REG	GISTRAR'S SIGNATU	Rt
VR A15ME [5] TOM REV 1,68			_	dria, Virginia.		DATEDE	C 1 9 1968 &	Charles	udge.



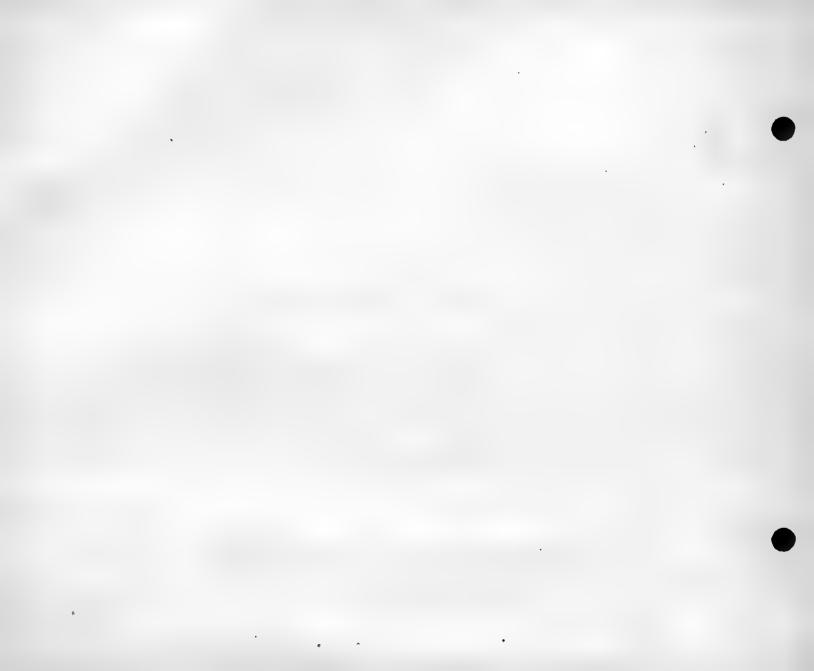
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		17000	DIVISION OF VITAL RECO		CATE OF DEATH	HMORE, MAR	YLAND 21201	1 140 1	4
	1.00	CEASED-NAME First	L. Middle		LAIE OF DEATH	20 DATE OF	DEATH	1794	
	(1	ype or print) #	nnie		RotKin	120 DATE OF	Month 35 Doy	68 Year	2b. HOUR.
	3. SE	TEMALE	4. RACE White		s. DATE OF BIRTH	176	6 AGE (In years lost birthgay) YRS.	IN UNDER 1 YEAR MONTHS OAYS	IF UNDER 24 HRS HOURS MIN
	7o E	IRTHPLACE (State or foreign try)	76. CITIZEN OF WHAT COUNTRY?	8 MARRIED WIDOWED	NEVER MARRIED DIVORCED	9. COUNTY OF	DEATH	RY	Md
	10. 5	HY OR TOWN OF DEATH	11 NAME OF HOSPITA give street oddress	LORINSTITUTION (IF			(Kind of work done ife, even if retired)	125 KIND OF INDUSTRY	BUSINESS OR
4	13o. odmi	USUAL RESIDENCE (Where deceo ssion) STATE	ised lived, if institution: Residence	before 13c CITY O	TOWN IS IS INSIDE CITY YES N	13e STF	REET AND NUMBER	Rel.	N.W.
,	14. i	ATHER'S NAME First	Middle		S MOTHER'S MAIDEN NAME		Middle		Last
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		WAS DECEASED EVER IN U.S. AR es, no, or unknown) (" yes give	MED FORCES? war or dates of service) 16b. SOCIAL SE		informant enj.Bell Ne	ephew,	9707 dd o 1 d	Georg	ge Rd.
ĺ		18. CAUSE OF DEATH (Enter of	nly one couse per line for (a), (b), ED BY.	ond (c))					IMATÉ INTERVAL DINSET ANO DEATH
		IMMEDI	IATE CAUSE (o)	Pne	eumonitis				
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		Conditions, if ony, which gave rise to immediate cause (a),	(0)						
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			ONDITIONS CONTRIBUTING TO DEATH	DUT NOT DELATED I	O THE TERMINAL DISEASE OF	CONDITION COVER	I IN DART 1/->		
		LICO J	Arterioscle:				IN PART ((0)		
	NO J	190. DATE OF OPERATION 196	CONDITION FOR WHICH OPERATION		20g AUTOPSY?		YES, WERE FINDINGS CO	ONSIDERED IN C	ERTIFYING
,	CERTIFICAT ON				YES NO	CALICES	OF DEATH?		
		210. ACCIDENT WAS UNDERLYI		21c 1	IOW INJURY OCCURRED (Ent	_ [y in Port 1 or Port 2, I	Item 18)	
	질	OR CONTRIBUTING CAUSE OF DEA		Yeor 19					
ı	MEDI	21d INJURY OCCURRED 21e	PLACE OF INJURY (AT HOME, FARM, S	TREET, FACTORY, 1 21F 1	OCATION Street or R.F.D. No	o Eity	or Town	County	Stote
		While Not while of work	, , , , , , , , , , , , , , , , , , , ,			18			
		22a. I certify that (I) (th	his haspital) attended the d	eceased from	12-11,19	55 , ta_/	2-27 195	that	(I) (we) las
		saw the deceased (re, () (we) (did)(did nat) vie	w the hady after	id that in (my) (aur) ap death	inian death a	ccurred on the do	te and haur	and from the
		22b. SIGNATURE	() (0 - (/	The bady and	. ,		22:	DATE SIGNED	
		1 / 1/10	Afflush	DEG		MED. DIRECTOR	STAFF PHYS. / ;	2-25-	68
		22d PHYS CIAN S HBA	AHAM WD)	An ISH	22e ADDRESS P	RING	57 5	5.5.	111
	23 o	BURIAL, CREMATION, 23b.		ME OF CEMFTERY OF		23d. LOCATIO	N (City or Town)	(County)	(Stote)
		REMOVAL (Specify)			d Mem.Garde	en F	alls Chu		/a.
	24 B	funeral director ernard Danza	ansky & Sons A	DDRESS 501 1	4th Stan REGO	BY REGISTRAR 3 0 191	25b. REGISTRAR 5	SIGNATURE	Lak
II.			-	Wash.	D.C. DATUE	0 0	7		



1		17931	DIVISION OF VITAL RECORDS,	301 W. PRESTON STREET, BALTIM CERTIFICATE OF DEATH	ORE, MARYLAND 21201	942
death.		(ype or pnnt) Simo	bn MMI	Rudman	20 DATE OF DEATH Month 16 Doy 6	Seyeor 25. Hours
the fur	3 5	Male	4. RACE White	S. DATE OF BIRTH		INDER 1 YEAR OF UNDER 24 HRS THS DAYS HOURS MIN
4 haurs J in by Pers. P		BIRTHPLACE (State or fore gn http) Russia	7b. CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED 9. WIDOWED DIVORCED	COUNTY OF DEATH	Y · Md.
within 24 haurs after death ely filled in by the funeral ban papers. Páges 7 and 2, within 72 haurs after death	1.	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR IN give street oddress)	STITUTION (If not in hospital 120 USUAL (during most	of working life, even if retired.)	2b KIND OF BUSINESS OR INDUSTRY Furniture
omplets event,	13o. odm	USUAL RESIDENCE (Where deceo	ased lived, if institution Residence before	13c CITY OR TOWN 13d INSIDE/CITY LIMITS S S YES NO	100 01111111111111111111111111111111111	Drive
n any	14.	FATHER'S NAME First Ben	M.ddle Lost Rudman	is. Mothers maiden wame first Sarah	Middle	Lost
icate be sician a please	160	WAS DECEASED EVER IN U.S. ARI			Address	
ENDING PHYSICIAN: The law requires that the death certificate ned by the haspital ar attending physician. R. After this certificate has been signed by the attending physician puld be detached far use as the bund-transit permit. Then pleas the State Dept. af Health priar to burial, crematian, ar remayal, and		PART 1. DEATH WAS CAUSE IMMEDIAN CONditions, if only, which gove rise to immediate couse (o), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c)	MIC COREACT	16	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
AN: The law requal are attending physicate has been signared for use as the bur Health priar to bur	AL CERTIFICATION	11 x	b. CONDITION FOR WHICH OPERATION WAS P	YES NO NO 21c HOW INJURY OCCURRED (Enter no	20b. IF YES, WERE FINDINGS CONSI CAUSES OF DEATH?	
OR AT be retain DIRECTO	MEDICAL	(If either, notify medical examination of the control of the contr	niner) P.M. e. PLACE OF INJURY (AT HOME FARM STREET, F. OFFICE BUILDING, ETC.	red from 19 to 6, 19 and that in (my) (gor) opinion bady ofter death.	, to 12/6, 196 an death occurred an the date of 22c. DATI	E SIGNED
TO HOSPITAL Page 4 may TO FUNERAL i director, pag should be fil		REMOVAL (Specify) Burial 1	12-17-68 Dalto	on Cem.	Dalton, Pa.	County) (State)
VR A15 (4) 30M REV. 1/68	24.	FUNERAL DIRECTOR	elleras 42/ADDRES	DATE DEC	registrar 25b. registrar's sign	NATURE SURFACE



1		MAKILAND STATE DEPARTMENT OF HEALTH A PAGE OF DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	7943
HEALTH DEPT.		ECEASED NAME First Middle Lost 20 DATE KNOWN Month	Doy Yeor 2b. HOUR
	(Type or Print)	31 1968 75M
Po Po	3 S	EX 4 RACE S DATE OF BIRTH 6 AGE IN YOURS IN UNDER 1 YEAR I IF UNDER 24 MRS 2C. DATE PRONOUNCED DEAD	2d HOUR
2, and 3 to 2, and 3 to PM3. Page		7e- W. Jan 1, 1894 74 YRS Dec- 0431	Yeor 1968 7 13 M
Dep H 7	7a cour	BIRTHPLACE (State or foreign 7b. CTIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED IX DIVORCED 017 1017 254	
oth any delay is ages 1, 2, and 3 to the form PM3. Page State Deportment of		4	12b. KIND OF BUSINESS OR
we Poor		Gaithers Borg give street oddress) Municaster Mil Aduring most of working life, even if retired)	NDUSTRY
hours ofter deoth Item 18. Give Pages 1, Office along with form 1 and 2 with the State De after death.		LSLAL RESIDENCE (Where deceosed lived, if institution Residence before 13c. CTY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER drives of the country	
hourn Item Office I land 2	14. F	ATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle UNKNOWN	Lost
ncillin 24 ncillin Proges I hours	160	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17, INFORMANT ADDRESS	
Th's certificate should be executed within 24 cate, writing the word "pending" in pencil in be forworded to the Chief Medical (xaggivers) be used as a buriol-transit permit Fite-pages or removal, and in any event within 72 hours		(es, no, or unknown) (If yes give war or dottes of service)	
P E T E		18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
should be executed the word "pending" in to the Chief Medical buriol-transit permit only event within		IMMEDIATE CAUSE (o) CETED 81 9 7-113011	Sudden.
e ex penc ef M sit p		Onditions, if ony, which gove)	
ould by vord "he Chii		rise to immediate couse (a). storing the underlying couse (b) DUE TO, OR AS A CONSEQUENCE OF	
wo wo the priof		lost (c)	
INER: Th's certificate should be executed exertificate, writing the word "pending" should be forworded to the Chief Medical files. 3 should be used as a buriol-transit permitation, or removal, and in any event within		PART 2 OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
riffic riffin rorde d os vol.	S ₀	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION	20 AUTOPSY?
e, w forw	CERTIFICATION	WAS PERFORMED?	YES MO TX
# _ P 0	CERT	210 EXTERNAL CAUSE WAS 216 T ME OF INJURY Month, Doy, Year 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, item	
INER: e certi should files. 3 shou otton,	MEDICAL	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19	
	벌	21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R.F.D. No. City or Town foctory, office building, etc.)	County Stote
L EXAM ecute th Poge 4 or your R: Poge		AT WORK LI AT WORK LI	
# % E 48 8		22a. I certify that I taak charge of the remains described above, held on Autopsy, Inspection [X]. Inquiry [X]. death resulted from Natural causes [X]. Accident, Suicide, Hamicide Undetermined manner [and in my opinion
pleose exploration of to but		death resulted from Natural causes [X], Accident, Suicide, Hamicide, Undetermined manner	_
ITY BICLO ITY, pleose e erol director be retained RAI DIRECT prior to bu		SIGNATURE SIGNATURE AND ASSISTANT MEDICAL EXAMINER 226 DATES	IGNED
PUT sary unerc y be IERA		EXAMINER'S DEPUTY MEDICAL EXAMINER	11,1909
necessary, F the funeral 5 may be ro 10 FUNERAL Health prior		NAME (Type) ADDRESS(Street, city, town, or county)	
D == 20 =	230	BURAL CREMATON, 23b DATE 23c. NAME OF CEMETERY OR CREMATORY REMOVALISPECTURE HINKel Funeral Home Davis, West	(County) (Store)
	24	FUNERAL DIRECTOR / ADDRESS 250. REC D BY REG STRAR 256 REG STRARS SI	
VR A15ME (5)		Supert V. Justiden Rockville, Md. DAJAN 6 1969 Tolland	as Judge



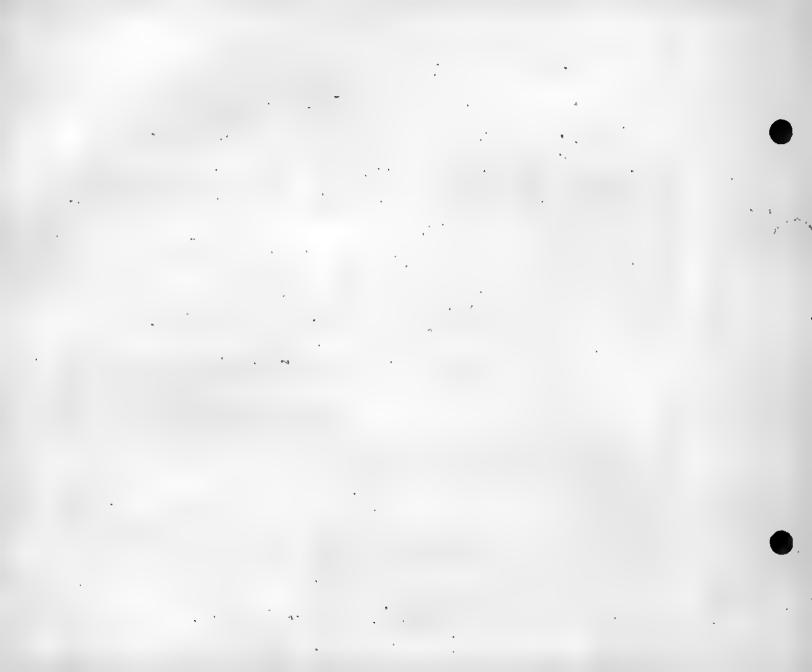
- 1		MARYLAND STATE DEPARTMENT OF HEALTH	
1]		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH	944
		CEFASED NAME First Middle Last 20 DATE OF DEATH Month Day	Year 2b. HOUR _
1	3 5	X 4. RACE S DATE OF BIRTH 6 AGE (in years IF	UNDER I YEAR FUNDER 24 HRS INTHS DAYS HOURS ANN
	70 (0)	PRITHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED TO MESTER MARRIED	and and
0	ID (11 NAME OF HOSPITAL OR INSTITUTION (If not in nospital 120 IS. A. OCCUPAT ON (Kind of work dame of the state	26 KIND OF BUSINESS OR INDUSTRY
۷I	13a odm	USUAL RESIDENCE (Where deceased lived Hynstitutian Residence before 13c CITY OR TOWN 13d MSDE GIY LM 15? 13e STREET AND NUMBER/ ssion), STATE 13c CHUNTY 1	Van SV.
2	14 1	ATHERS NAME / First Middle J Lost IS. MOTHERS MAIDEN NAME First Middle	Il Arie
		WAS DECEASED EVER IN US ARMED FORCES? 85, 00-OGLUNKNOWN) (Myes give was or dates at service) 16b SOC AL SECURITY NO. 17 INFORMANT TEELE- Learner Riverder.	li, Ind
		PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) IMMEDIATE CAUSE (b)	APPROXIMATE INTERVAL GETWEEN ONSET AND DEATH
		Conditions, if ony, which gave) DUE TO, OR AS A CONSEQUENCE OF CONTROL OF C	1145
		rise to immediate couse (a), stating the underlying couse lost (c)	
	7	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
K	CERTIFICATION	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206 IF YES, WERE FINDINGS CONS	IDERED IN CERTIFYING
	MEDICAL CER	210 ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, item Off either, natify medical examiner) PM 19	1 18)
	ME	All Wilder of Clares In Place of Wilder and Walt Co. And Co. Co.	aunty State
		22a certify that (1) (this haspital) attended the deceased fram, 196, ta, 196, ta, 196, and that in (my) (our) apinian death accurred an the date causes stated abave, (1) (we) (did) (slid not) view the bady after death	, that (I) (@) last and have and from the
		226 SIGNATURE DEGREE PHYS DIRECTOR PHYS 22c DATE PHY	SIGNED // S/
1		22d. PHYSICIAN'S NAME (Type) C. H. L. ROY M.D. 22e ADDRESS ANDY SPRING NO.	20860
		REMOVAL (Spec by) Dec 30, 1968 Ft Lincoln Cemetery Colman Name	County) (State)
18	24	FUNERAL DIRECTOR Gasch's Sons Hyattsville, Md. 250 RECD BY REGISTRAR 250	NATURE NATURE



<u> </u>		ems 18-22a Film 408 MARYLAND STATE DEPARTMENT OF HEALTH 2-69 ams DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	_	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	7945
HEALTH DEPT.		DECEASED-NAME First Medale Lost 20. DATE KNOWN Month	
ta age af	(Type or Print) Fred Harvey Sanders OF ESTI DEATH MATED DEATH MATED DEC	13. 1968 M
d 3 d 3 d 3 d 3 d 3 d 3 d 3 d 3 d 3 d 3	3 S		2d HOUR
any delay is 2, and 3 ta PM3. Page		male white Dec 20, 1942 25 yrs 72 73	Year 68 5 3M
E 18		BIRTHPLACE (State or foreign /b CIT ZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
ag ag ag	10.0	ITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospito 120, USUAL OCCUPATION (Kind of work done 1)	'Montgonory Md. 12b KIND OF BUSINESS OR
after death any delay is 8. G ve Pages 1, 2, and 3 ta along with farm PM3. Page with the State Department of leath		Má Silver Spring gve street address bospital dunng most of working life, even if refreed) Electrical	Logineer
haurs after death tem 18. G ve Pages 1, effice along with farm and 2 with the State Death		. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. Misioc CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY Front Comery Rockville YES NO 5403 Manorfiel	d Road
The second second	14	FATHER'S NAME First Middle Lost IS. MOTHER'S MA DEN NAME Eirst Middle	Lost
		Lawson F Sanders Marjorie Gruver	
INER: This certificate should be executed within 24 haurs after death should be forwarded to the Ward pending in pencil in Item 18. Give Page should be forwarded to the Chief Medical Examper 1986; a cline along with files 3 should be used as a bunal-transit permit. File ages and 2 with the Station, or removal, and in any event within 72 hours after death		WAS DECEASED EVER IN U.S. ARMED FORCES? Ves, no, or unknown) (If yes give wor or defes of service) 16b SOCIAL SECURITY NO 214 42 6850 Lawson F. Sanders	
ed v in Egy hin i		IB. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
e execute pending' ef Medica isit perm'i vent with		PART DEATH WAS CAUSED BY: Gunshot wound in head, apparently	
e ex pend if Mi		DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove)	
d b d b Chie tran		rise to immediate couse (a), (b)	
certificate should be executed writing the ward 'pending' in rwarded ta the Chief Medical Eised as a burial-transit perm't. Finoval, and in any event within		stoting the underlying couse Due 10, OK AS A CONSEQUENCE OF	
the silter silte		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
fing rdec as as	NO	976 × Acute severe depression	
This certificate itale, writing the be farwarded to d be used as a b ar removal, and	CATO	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
This cate, or for the feature of the	CERTIFICAT		YES NO
# I I I I	MEDICAL C	PRIMARY TO CONTRIBLING HOUR AM 12-1319 68 Deceased, depressed, shot head with pistol	self in
DICAL EXAMINER: use execute the certicator. Page 4 should ined far your files RECTOR: Page 3 should a burial, cremation,	188	21d INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street AT WORK AT WORK 21e. PLACE OF INJURY (At home, form, street Foctory, office building, etc.) Home 21f. LOCATION Street or R F D. No 5403 Manorfield Road Rockvill	e Montg.Md.
L EX ecut Pag far y R: Pc ial, c		22a. I certify that took charge of the remains described abave, held an Autopsy , Inspection inquiry	and in my opinian
ICAL E) executor. Paged far y CTOR: P		death resulted from: Notural causes Actident Suicide N. Hamicide Undefermined manner	
please explease explease explease.		CHIEF MEDICAL EXAMINER	
9. 1.2		SIGNATURE M.D. ASS STANT MED CAL EXAMINER 22b. DATE S	IGNED
TO DEPUTY Discovery, please the funeral directs 5 may be retained TO FUNERAL DIRECT Health prior to be		EXAMINER'S NAME (Type) BELDE NO FOR THE AD PRODUCTION OF THE PRODU	14, 1968
5 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	230	BURIAL CREMATION, 236 DATE 230 NAME OF CEMETERY/OF CREMETORY 23d LOCAT ON (City of Town)	County) (State)
and.		Burial Dec 17, 1968 George Washington Hyattsville Pro G	
VR A15ME (5).	24	F. Gasch's sons Hyattsville, Md 250 RECU BY REGISTRAR 250 REG STRARS ST	Can Judge



				MAKITAND STATE DEPARTMENT OF HEALTH
N.	1			DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17946
T	•			47795 CERTIFICATE OF DEATH
1	1 2 1		1 D	ECEASED NAME First Middle Lost 20, DATE OF DEATH 2b HOUR
	= = =			C A4 4 4 5 5 5 7 7 7 7 7 7 7 7 7 7 7 7 7 7
	de de		<u> </u>	BETTY JO SAWYER DOC MONTH 2004 2 TEOGR / 4M
	ter free		3 SI	last buthology have united at a
	s al			Temple White JULY 13, 1897 "71" YRS.
	by duly			BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH
	within 24 hours after death lety filled in by the funeral bon papers Pages I and 2 within 72 hours after death		can	OKLAHUMA U.S.A. WIDOWED DIVORCED Montgomery Md.
	1 24 led		10. (ITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If pat in haspital 120 USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR
		11	,	The Limit Capt give street address) Can a Laca during most of work paying even if retired) INDUSTRY
	™ Page V	•	12-	MIUMA MEL DASK DAILE TOSP COOKE
	ed ple	1 ,1	odm	STATE COUNTY OF THE COUNTY OF
	500			THE TAND CO. RELIGION OF THE PROPERTY OF THE P
1	any de les	~ ^	14	FATHER S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost
*	255			William STANLEY Salena JUNES
	cross and		lóα.	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT A Address
	iji Sela		!	(es, no. pr poknown) (11 yes give wor or dotes of service) 445-18-1060 F Mrs Lanethy a Beard 11508 alloren le, Bellano
	cert P P P			APPROX.MATE INITEVAL
	# if : i			PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Course per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Course per line for (a), (b), and (c).)
	dea ten ar		•	
	he at per			DUE TO, OR AS, A CONSEQUENCE OF
	the the			Conditions, if any, which gove is to immediate cause (a) (b) Artariordecotic Cause ovarra (ad 15ea ()) 1 gr
	tho By ran			stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF
	res sici			lost. (1) My a condital honor on
	phy phy sign suri		1	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
	ng en re ta		z	$\mathcal{L}_{\mathcal{L}}}}}}}}}}$
	law be be		8	19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20d. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
	he atte	- /	CERTIFICATION	YES TO HO CAUSES OF DEATH?
	ar ar us		8	21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.)
	fice first		ਤ	FOR CONTRIBUTING FIGURE OF DEATH HOUR A.M. Month Day Year
	SPI		MEDICAL	(If either, natify medical examiner) P.M. 19 21d, INJURY OCCURRED 21e, PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f, LOCATION Street or R.F.D. No. City or Town County State
	ho ho is cistos		_	21d. INJURY OCCURRED VALUE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. (11y or Town County State
	the del			While Nat while at wark OFFICE BUILDING, ETC
	by be Store			220. I certify that (I) (this hospital) attended the deceased from 1967, to 22, 1967 that (I) (we) last saw the deceased alive an 1967, and that in (my) (our) opinion death occurred on the date and hour and from the
	ed ed ed ed he			causes stated above, (I) (we (did) (did not) view the body after death.
	E in South		1	22b SIGNATURE 22c. DATE SIGNED
	rel 3 s wii			TITTELLING THE COURT OF THE COU
	be de			THE PARTIES AND THE PARTIES AN
	TAI TAI Po	1		22d. PHYSICIAN'S NAME (Type) 22e. ADDRESS CALAR DO GA. Takanak Agai
	A r.			1777 33300 100 1100 1100
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be diled with the State Dept. of Health priar ta burial, crematian, ar removal, and in any event, within 72 hours after death.		23a.	BURIAL, CREMATION 2 23b, DATE 23b, NAME OF CEMETERY OR (REMATORY 23d LOCATION (City or Town) (County) (Slote)
	5 5 5 p		L	Burnel Dec. 5, 1968 Spring Creek Mem. Cemetry Oklahoma City, Okla
	VR A15 (30M REV)	4)	24.	FUNERAL DIRECTOR & CONCLUSE WALLADDRESS 250 REGISTRAR 25b. REGISTRARS SIGNATURE
	30M REV 1	/68	10	akomu Funua Home 25 4 Carrole St nw matec 4 1968 ochonila O.
			_	



TAKONA PARK WASH SON & HOSP during most of working life, even if refired.) INDUSTRY I	2b HOUR A M R IF UNDER 24 HRS. TS HOURS MIN Md OF BUSINESS OR
CERTIFICATE OF DEATH	2b HOUR 68 6 A M R IF UNDER 24 HRS. TS HOURS MIN Md OF BUSINESS OR
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21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (All Home FARM, STREET FACTORY.) 21f. LOCATION Street or R.F.D. No. (Ity or Town County While of work of work 22a. I certify that (I) (this baspital) attended the deceased from 19/20, and that in (my) (aur) appining death accurred on the date and hou	
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While Not while of work	
22a. I certify that (I) (this hospital) attended the deceased from 1968, and that in (my) (aur) opinion death accurred on the date and has causes stated above. (I) (we) (did) (git port) view the body after death.	at (I)_(we) last
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		MARYLAND STATE DEPARTMENT OF HEALTH
		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17948
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O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cathicate be executed within 24 hours after death. Pagm 4 may be retained by the haspital ar attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by the attending particion and campletely filled in by the funeral directar, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed with the State Dept. of Health priar to burial, cremation, or removal, and in any event, within 72 hours after death.		21d. INJURY OCCURRED Value of Work 21d. INJURY (AT HOME, FARM, STREET FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town County State of work 21d. INJURY OCCURRED VALUE OF INJURY (AT HOME, FARM, STREET FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town County State Value Valu
NG the de	L	22a. I certify that (I) (this haspital) attended the deceased from 9-30, 1967, ta 12-14, 1968, that (I) (we) last saw the deceased alive an 12-14 and that in (my) (aur) apinion death accurred an the date and hour and from the
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UNE 4	230	BURIAL CREMATION, 23b. DATE / 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote)
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	24.	FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR 5 SIGNATURE
VR A15 (4) 30M REV. 1/68	100	TOSFOH GAWLER'S SONS, INC. WASH., D.C. DATE DEC 19 1968 Acharles Judge

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		17075		CERTIFICATE OF DEATH		17949
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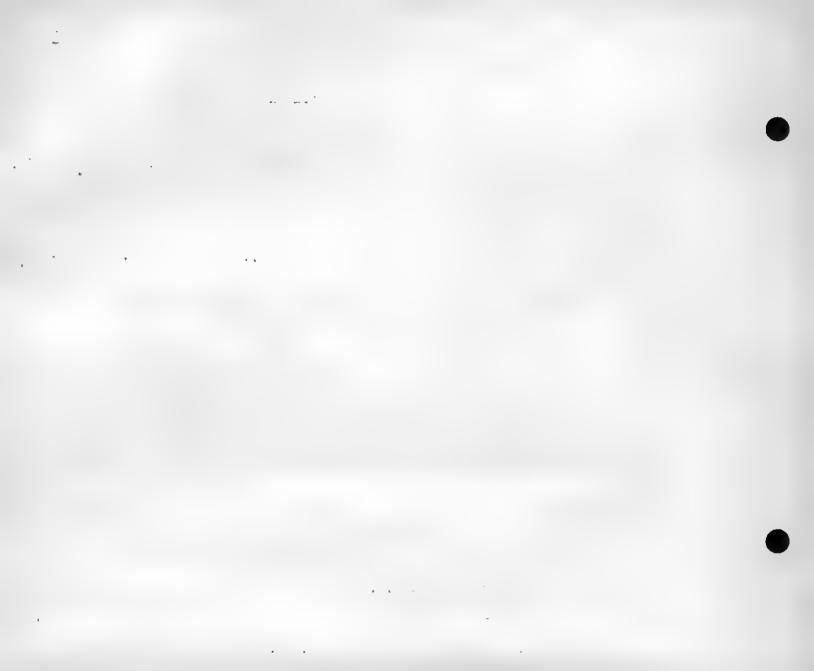


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the the		causes stated abov	re, (I) (we) (did) (did not) vi	ew the body ofter death.	opinion decin occurred on the	date ona nour una from the
OR ATTENE be retained SIRECTOR: A e 3 shauld		22b SIGNATURE			MED CTICE 3	2c. DATE SIGNED
OR DIRE		Housefu	- Orapen	M. D. DEGREE PHYS	MED STAFF DIRECTOR PHYS D	lec 1, 1968
A A B B B B B B B B B B B B B B B B B B		22d. PHYSICIAN'S NAME (Type) HAP	WIN W. DERDA	22e. ADDRESS	GORGIA AVE; Sil	lama Con s
To Hospital or Aiten Page 4 may be retained To FUNERAL DIRECTOR: director, page 3 shauld should be filed with the				R M.D. 9801 G		
H & B E in Ed	23c	deflores to the second	DATE 2 -4-68 23c 1	NAME OF CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(County) (State)
5 5 1	24	PLINERAL DIRECTOR	<u>-7-60</u>	Throng emel	TO BY REGISTRAR 25b. REGISTRA	10°C TIGNATURE
VR ATS VA	7		1110 - 160		OF COISTRAR 230. REGISTRA	

MAKTLAND STATE DEPARTMENT OF HEALTH



1 1		2 00 30:03	DIVISION OF V			ESTON STREET, BAL		RYLAND 21201		
1		17000		CERTIFICATE OF DEATH			17951			
Ĩ		CEASED-NAME First (Pe or print) WILL	LIAM	Middle HENRY		SEAQUIST	2a. DATE OF	DEATH Manth Do	5 68	2b. HOUR 8:21 #
3	SE		4. RACE		5	DATE OF BIRTH 19-15-91	2	6 AGE (In years last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS.
Ļ	- D	Male IRTHPLACE (State or foreign	7b. CITIZEN OF WHAT	asian	0		9. COUNTY OF	75_ YRS.		
ľ	O. D	Maryland	United St		WIDOWED	NEVER MARRIED		tgomery		44.1
Ī	0. (TY OR TOWN OF DEATH Olnev	11. NAM	E OF HOSPITAL OR IN:	STITUTION (If not		UAL OCCUPATION	(Kind of work done	12b. KIND OF INDUSTRY	BUSINESS OR Gov't.
10	3a idmi	JSUAL RESIDENCE (Where deceosision) STATE Mary Land	ed lived, if institution	. Residence before	Olney	OWN 13d. INSIDE CITY	LIMITS? 13a STI	REET AND NUMBER Aron Nursi	ng Home	
		Andrew	Middle	Seaquis	t	MOTHER'S MAIDEN NAME Hannah	First	Middle Joh	nson	Last
	60. Ye	WAS DECEASED EVER IN U.S. ARA is, no, or unknown) (H yes give w	MED FORCES? Par or dates of service)	56 SOCIAL SECURITY I	NO 17 INF	ORMANT ission Recd	., Montgo	mery Gen.		1,0lney
	-1	Conditions, if ony, which gove itse to immediate couse (a) stoting the underlying couse lost. PART 2 OTHER SIGNIFICANT CON CONTROL OF OPERATION 19b.	DUE TO, OR AS	prosta	te	20o. AUTOPSY?	20b 1F	N IN PART I(a) YES, WERE FINDINGS OF DEATH?	CONSIDERED IN C	3 yrs
	쿈	21 a. ACCIDENT WAS UNDERLYIN or contribut ngcause of Deat (If either, natify medical exami	HOUR A.M	NJURY Manth Day Year		YES NO WAR NO WAN NO WA			(lem 18.)	
		21d. INJURY OCCURRED While Not while at work	PLACE OF INJURY (AT	HOME, FARM, STREET, FAI FFICE BUILDING, ETC.	TORY.) 21f LOC	ATION Street or R.F.D N		ar Town	County	State
	H	22a. I certify that (I) (this haspital) attended the deceased from								
		22d. PHYSICIAN S NAME (Type)	<i>Ch Mo</i> Frederick	Moomau,	M. D.	ATTENDING PHYS 22e. ADDRESS	MED. DIRECTOR	STAFF PHYS.	12-25	-68
ł		BURIAL, CREMATION, 23b. REMOVAL (Specify)	DATE 12-28-68	23¢ NAME OF Ced ar	CEMETERY OR CO	REMATORY	23d OCATO Suit	ON (City or Town)	(County)	(Stote)
**	24.	UNERAL SECTION	C. Barton	ADDRESS	aithers	burg.	BY REGISTRAR 19	25b REGISTRAR	S SIGNATURE	del



MARYLAND STATE DEPARTMENT OF HEALTH

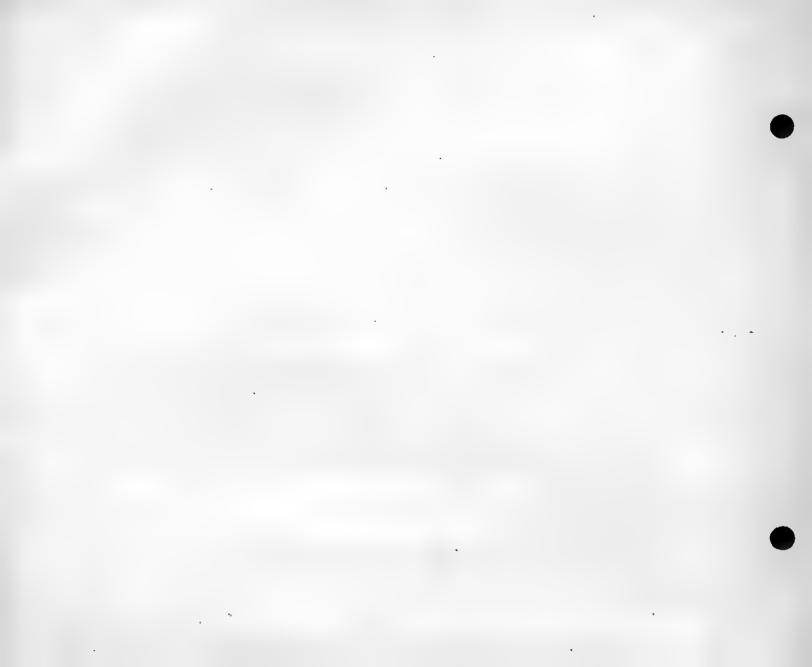
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_	1	MAKYLAND STATE DEPARTMENT OF HEALTH	
1		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH	953
	1 2		
death. neral and 2 death.		ECEASED-NAME First Middle Last 2a. DATE OF DEATH ype ar pnnt) Month Da	y Year 2b. HOUR
r deatl uneral 1 and 3r deatl		MIRAM SCHIMAN Daumber 20	1968 11.30 pM
after death he funeral after death	3. SE	last hirthday)	#F UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN
	<u> </u>	remale While Seplember 1d, 18 15 YRS.	
within 24 hours	7a. I	BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
in 24 lilled paper hin 72	_	KUSSID (1.S.A. WIDOWED DIVORCED MONTAGEN COADILL	Silver Spr. N. Md.
	10 (ITY OR TOWN OF DEATH 13 NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired)	12b KIND OF BUSINESS OR
ecuted within 24 dampletely filled ave carban pape y event, within 7	S	WHER Speins Holy Cross Hospilel of Silver Speins (House Wife) Cashier	INDUSTRY RESTAURANT
ed to the contract of the cont	13a. adm	USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c CITY OR TOWN / 13c NISO TOWN / 13c	
ecul dam dave y ev		MARYLAND MONTGOMERY KOCKVILL 13000 ACTIC	Avenue
and camples	14. 1	FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle	Last
		VECOB RETZ BRINE	
PHYSICIAN: The low requires that the death certificate be executed within 24 e haspital ar attending physician his certificate has been signed by the attending physician and campletely filled stacked far use as the burial-transit permit. Then please-remaye carbon paper of Health priar to burial, crematian, ar remayal, and in any event, within 72		WAS DECEASED EVER IN U.S. ARMED FORCES? (es, no, or unknown) (if yes give wor or dates of service) 16b. SOCIAL SECURITY NO 17 INFORMANT Mildred H.LEFF - 7599 Doing Dr. Address Address Address	ive.
phy en ava			APPROXIMATE INTERVAL
ing ing		18. CAUSE OF DEATH (Enter only one cause per sine for (a), (b), and (c)) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Acute (eft vent vicular failure.	BETWEEN ONSET AND DEATH
endi mit. ar r		PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Houte lett vent vicular tailare.	3 hours
att att peri		DUE TO, OR AS A CONSEQUENCE OF	4
of the		Conditions, if any which gave inse to immediate cause (a). (b) Arterios clerotic heart disease	19 Kars
the by tracted creaters		stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	1
equires that the physician signed by the burial-transit burial, cremat		last. 4200 (c)	
a gis		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED, TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) Diabotes well ites; asterios clerotic remains the sease	
ding ding een the ar to	NO		CONCINCION IN CERTIFYING
de le	CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CAUSES OF DEATH?	CONSIDERED IN CERTIFFING
r a r a r a r a r a r a r a r a r a r a	ERTS	21a ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2,	(Ann. 10)
al a licat far He	18	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year	Herr (b.)
SIC spit spit ertii	W.	[If either, natify medical examiner) P.M. 19	County State
PHY B ho iis c tach tach	_	21d. INJURY OCCURRED While Not while of work Arm of the Building, ETC Not work Arm of the Building of the Bui	Caumy State
de d		at work at work that (1) (thus hospital) attended the decorated frame.	Le CF that (1) (wa) last
Afte Afte be Ste		22a. I certify that (I) (thus hospital) attended the deceased fram hospital attended the deceased fram hospital attended the deceased fram saw the deceased alive an (2-20, 19 les and that in (thy) (our) opinion death accurred an the deceased fram	ate and hour and from the
# Selection of the sele		causes stated abave, (1) (we) (did) (d id not) view the bady after death	
shift with		22b. SIGNATURE ATTENDING MED. STAFF 22c.	DATE SIGNED
OR be 1		A LOVE - 1 Property of the second sec	12-20-68
ray Al Al		22d. PHYSICIAN'S/ JASON GELGER, M.J. 220 ADDRESS FOO PERSHING DRIV	E-
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificated Page 4 may be retained by the haspital ar attending physician to FUNERAL DIRECTOR: After this certificate has been signed by the attending physician directar, page 3 shauld be detached far use as the burial-transit permit. Then please shauld be filed with the State Dept at Health priar to burial, crematian, ar remaval, and			
HO Fue Fred hau	2 3a	BURIAL, CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town)	(Caunty) (State)
2 2 2 5		-REMOVAL (Specify) 12-22-68 Brai Israel Cemetery Norfolk FUNERAL DIRECTOR ADDRESS, - ADDRESS, - 250, REED BY REGISTRAR 256, REGISTRAR	Virginia
VR A15 (4) 30M REV, 1/68			carles andre
JUTTI RL 7, 1/00		Washington, Der Dall BEC 4 D 1900 Kee	COTTON LANGEST

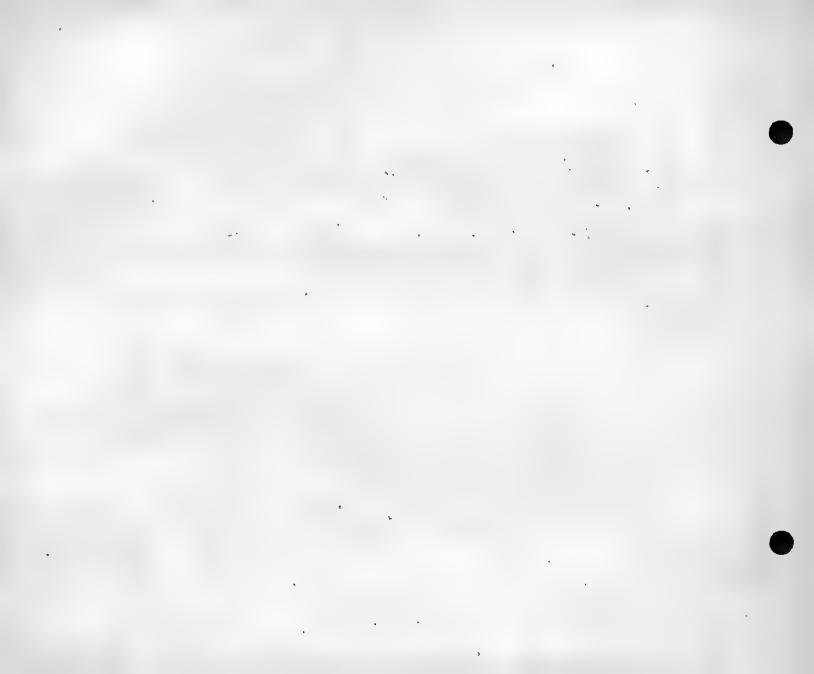




~ 1		MARYLAND STATE DEPARTMENT OF HEALTH MARYLAND STATE DEPARTMENT OF HEALTH MARYLAND 21201	
FOR STATE			17955
HEALTH DEPT.	1 D	ECEASED NAME First Middle Last 2a, DATE KNOWN Manth	
S O A A +	(Type or Print)	14 000 1-13
300 L	3 5		2d HOUR
delay and delay tment		M. Negro Nov. 25, 1925 List brillion) MONTHS ON'S MOURS MIN MADE Day, 4	Year 1968 6 26 M
2, P. P.	70	BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH	19-0 C W
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age: h fo	10 (ITY OR TOWN OF DEATH 11 NAME OF HOSPITA. OR INSTITUTION (If not in haspita 12a USUAL OCCUPATION (Kind at work done	12b KIND OF BUSINESS OR
fer death Cny of give Pages 1, 2, a with farm PM h the State Depart		Bethesda. give street odgress) burban during mast of working life, even if retired) Truck. Driver	INDUSTRY
after olari werh th	13a.	USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c CITY OR TOWN 34. INSIDE CITY JUNE 13c STREET AND NUMBER	
s after the Gir 2 with death	a	dmission) STATE. Md. 13b COUNTY Mantgoming Rockville YES & NO [303 N. Adar	ns.57.
tep the party of t	4 6	ATHER'S NAME First Middle Cost IS MOTHER'S MAIDEN NAME First Middle	Last
24 h		John. S Simms. Gertrude	Newmal7.
thin 24 incl in niner's pages haurs		WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT 13 TO 1 her ADDRESS	
in penct in the Haurs after death in penct in the Has Has with Examiner's Office alang with the Station 72 haurs after death	ί,	(es, no, or unknown) [Il yes g ve war or dates of service] Le FOY S: D7 M5 - R+2. Km	grillo.
tate shauld be executed with a street of the word "pending" in peed to the Chief Medicol Exages a burial-transit permit. File and in any event within 72.		18 CAUSE OF DEATH (Enter any one cause per line for (a), (b) and (c).)	APPROX MATE INTERVAL BETWEEN ONSET AND DEATH
be executer "pending" nef Medicol onsit permit.		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Totarztion Acute	
end end Mend if pe		DUE TO, OR AS A CONSEQUENCE OF	
Thief		Conditions, if any which gave inset a immediate cause (a). (b) Cardio Vascular Disease.	years
vord vord ne (stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
shauld be e ne word "pei to the Chief. burial-transit		(c)	
AL EXAMINER: This certificate should be executed within 24 execute the certificate, writing the word "pending" in penclinar. Page 4 should be farwarded to the Chief Medicol Examiner's far your files. 10R: Page 3 should be used as a burial-transit permit. File pages oriol, crematian, ar removal, and in any event within 72 hours.		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D. SEASE OR CONDITION GIVEN IN PART 1(a)	
its certificate, writing farward are used are removal,	*	190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION	20 AUTOPSY?
s certifarwar farwar used emova	E E	WAS PERFORMED?	
INER: This he certificate shauld be files. 3 shauld be natural shauld be natural as a shauld be naturan, ar re	CERTIFICAT	21a EXTERNAL CAJSE WAS 21b TIME OF NJURY Manth, Day, Year 21c HOW INJURY OCCURRED (Enter not are af injury in Part 1 or Part 2, It	YES NO
S. sulc	MEDICAL	PRIMARY OR CONTRIBUTING HOUR A.M.	6113 10 7
Sha Sha	9	21d NJURY OCCURRED 21e PLACE OF .N.JRY (At home, form, street, 21f LOCATION Street or R.F.D. No. City or Town	County State
AM e th aur age rem		WHILE NOT WHILE of factory, office building, etc.)	,
bical Examiner: se execute the cert ctar. Page 4 shault ned far yaur files. ECTOR: Page 3 shau i buriol, crematran.		22a. I certify that I took charge of the remains described above, held an Autopsy 🔀, Inspection 🔼, Inquiry 🗟	and in my opinion
CAL CTOI CUTION		death resulted from. Natural couses X, Accident , Suicide , Homicide , Undetermined manner	
please I drecth retaine		CHIEF MEDICAL EXAMINER	
age and ricing		SIGNATURE SOMM S. Ball MD ASSISTANT MED CAL EXAMENER 226 DATE	SIGNED
uT any ner be ERA		EXAMINER'S DEPUTY MEDICAL EXAMINER A	15, 1968
no DEPUTY SICAL EXAMINER: The necessary, please execute the certifical the funeral director. Page 4 shauld be 5 may be retained far yaur files. To FUNERAL DIRECTOR: Page 3 shauld be Health prior to buriol, crematian, ar		NAME (Type) ADDRESS(Street, city, town, or county)	
70 # 4 5 0 H	230	BURIAL, CREMATION, 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)	(County) (State)
		REMOVAL 12-17-68 BROWN FUNERAL HOME LOVETTSVILLE	VA
VR A15ME (5)	24	FUNERAL DIRECTOR ADDRESS 250 REC'D BY REGISTRAR 25b REGISTRAR 5	SIGNATURE
10M REV, 1/68		ROBERT L. SNOWDEN ROCKVILLE, MARYLAND DEC 20 1968 glicare	0
		· ·	



		- 1					PARTMENT OF HE		
40	1	- 1		音 ウイト 注答 DIVISI	ON OF VITAL RECORDS	, 301 W. PRES	TON STREET, BALTIM	ORE, MARYLAND 2120	1
7		1				CERTIFICA	TE OF DEATH		17956
£	_~=	ı		EASED NAME First	Middle		Last	20 DATE OF DEATH	25 HOUR
eat	ord d		(1	rpe or print) MARY	Leis	Sm	ITH	Manth	Day 7801 ZaiA W
P. ((A-119)	ı	3. SE		E		DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR HE JHOUR 24 HRS
24 haurs after death				Pemale 7	Alite	3			RS. MONTHS DAYS HOURS MIN
hau	s. F		7o E		EN OF WHAT COUNTRY?		MEACK WAKKIED	COUNTY OF DEATH	
724	72		10 1	"Majaruri Unit		WIDOWED	DIVORCED	Monlgome	Md.
within	4 = 1		10. 0	TY OR TOWN OF DEATH	give street address)	O		OCCUPATION (Keed of work do of warking life, even if retire	d } 126. KIND OF BUSINESS OR
	at a get.	,	13a	SUAL RESIDENCE (Where deceased Evold,	if institution Residence before	13c. CITY OR TO	WN 13d, INSIDE CITY L MIT	SP. 13e STREET AND NUMBER	H. A. Wing
ATTENDING PHYSICIAN: The law requires that the death certificate be executed	compk dave c	\sim	admi	SIOPL STATE 176 C	OUNTY miller	Sherr	a YES NO		rute
exe	and corrections are corrected and corrections are corrected and corrections and corrections and corrections are corrected and corrections are corrected and corrected and corrections are corrected and corrected and corrections are corrected and corr	3	14 F	ATHER'S NAME First	Middle Last	15. M	OTHER'S MAIDEN NAME First	Middle	Lost
9	n ar Se r din			Wilden art	hur Petre	2 1	Umice)	Henre	Petree
90	attending physician bermit. Then please an, ar removal, and i			WAS DECEASED EVER IN U.S. ARMED FORCE is, no_a[Linkhown) (If yes give wor or dotes of		NO 17 INFO	RMANT 1349	00 old Columbia	Peker 0
Ŧ.	phy en ova	- 1	-	ne	771-07-1	1054 73M	Telre Lile	en Spring n	APPROXIMATE INTERVAL
£	드 드 드 드 드 드 E			 CAUSE OF DEATH (Enter only one coupant I. DEATH WAS CAUSED BY. 	ise per line far (a), (b), and (c))	Dangeras	E METASTASE	RETWEEN ONGST AND DEATH
dea1	mit.			IMMEDIATE CAUSE	(a)	1107	PANCREAS	C 1116/143/148	-2
ė	e at Per			Canditions, if any, which gave)	TO, OR AS A CONSEQUENCE OF				
<u> </u>	, the nsit grant	- 1		rise ta immediate cause (a),((b) TO, OR AS A CONSEQUENCE OF				
± s	physician, signed by burial-tran burial, cren			stating the underlying couse DUE	(c)				
inin	hysi gne uria uria	- 1		PART 2 OTHER SIGNIFICANT CONDITIONS (NOT RELATED TO TH	IE TERMINAL DISEASE OR CON	IDITION GIVEN IN PART 1(a)	
Je L	ng p		_	157 X				1,7	
NO.	been been s the rior ta	_	ATIO	19a DATE OF OPERATION 19b. CONDITION	FOR WHICH OPERATION WAS P	ERFORMED	20o AUTOPSY?		GS CONSIDERED IN CERTIFYING
The	atter has se as th pri	\times	CERTIFICATION				YES MO	CAUSES OF DEATH?	
ä	l ar cate ar u teal	- 1		21o. ACCIDENT WAS UNDERLYING 216 ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH HO	TIME OF INJURY UR A.M. Manth Day Yea	21c HOW	INJURY OCCURRED (Enter n	ature of injury in Part 1 or Port	2, Item 18.)
3	of the first of th	- 1	MEDICAL	(If either, notify medical examiner)	P.M.	19			
HYS	he haspital ar this certificate setached far us Dept. af Healt		×	21d. JNJURY OCCURRED 21e. PLACE OF While Nat while	INJURY (AT HOME, FARM, STRFET, F	ACTORY.) 21f. LOCAT	TON Street or R.F.D. No.	City or Town	County State
5	the Det			at work of work	D as I had I	1/	nina 1962	4 / 2 -	10 / V Ab at / (1) / 1 1
N N	d by the After is be d			22a. I certify that (I) (this hospit	al) affended the deceas		nat in (my) (our) apini	on death accurred on the	that (I) (we) last date and hour and from the
HE N	ould outd			causes stated above, (I) (w	e) (did) (d id no t) view the	e bady after dea	ith.		
T	With the	- 1		22b. SIGNATURE	2.4	pus	ATTENDING MED	STAFF	22c DATE SIGNED
6	E 8 E 6	- 1		Dennand U	Myleall	DEGREE		ECTOR STAFF PHYS.	12-5-68
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the	Page 4 may be retained by the haspital ar attending physician. 10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fired in director, page 3 should be detached far use as the burial-transit permit. Then please remave carbon-paper shauld be filed with the State Dept. at Health prior ta burial, crematian, ar removal, and in any event, within 72	7		NAME (Type) BERNARD	A. FITZGER	AL O	22e. ADDRESS 2/7 4/10/0- 6	LUOE, SILVER	SPRING Md
OSP	e 4 UNE octor	ř	23n	BLRIAL CREMETION 23baDATE	23c NAME OF	CEMETERY OR CRE		23d. LOCATION (Gity or Town)	(County) (State)
9	Pag O Fi dire sho		_ou	SUNCE NEW 1800.8	1968 Beth	any Ca	sailing	Pulaski (County, museur
-			24.	UNERAL DIRECTOR	ADDRES		250 REC'D BY	REGISTRAR 2Sb REGISTR	AR S SIGNATURE
	VR A15 (4) 30M REV. 1/6	8	XI	Now Mallers 254	Cerral Olalin-	Wach Di	DATELUS	1968 mile	metay ludge.



2	II t	ems 18&22a Film 408 MARYLAND STATE DEPARTMENT OF HEALTH 2-69 ams DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		17936 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1'	7957
HEALTH DEPT.		ECEASED NAME First Garlavitidle Type or Print) 20. DATE KNOWN OF ESTI DEATH MATED 12	Day Yeor 25 HOUR
delay is and 3 to M3 Page	3 5	PEANT REALED	Year 68 7:15
2, P.I. P.I.	70	BIRTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH STORY WIDOWED DIVORCED OPT COMPANY	(7) 10 N
after death 8 Give Pages 1, alang with farm with the State De	1D	ITY OR TOWN OF DEATH II NAME OF HOSP TAL OR INSTITUTION (If not in hospita 120 USUAL OCCUPATION (Kind of work done 1	26 KIND OF BUSINESS OR NOUSTRY
v ==== ===============================		USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c. CITY OR TOWN 3d INS.DE CITY .M:152 13e STREET AND NUMBER dmission) STATE 13b. COUNTY 13b. COUNTY 17 Thinayes (No 1 Colf 12) den Rd	
Land after	14	ATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle	Last
	16.	George W. Garland Louise	Brown
within 24 pendil : Examine s		WAS DECEASED EVER IN U.S. ARMED FORCES? (lif yes give wor or darks of service) 16b SOCIAL SECURITY NO 17 INFORMANT Junius L. Snoddy ADDRESS 578-09-5057 17 INFORMANT Junius L. Snoddy ADDRESS 578-09-5057	Maryland
		18 CAUSE OF DEATH (Enter only one couse per ne for (o), (b), and (c)	APPROXIMATE IN ERVAL BETWEEN ONSET AND GEATH
d be executed d'pending" in Chief Medical E fransit permit F y event within		PART I DEATH WAS (AUSED BY. Acute lobar pneumonia,	DETWEEN GNOET AND GEATH
pendingi of Medica sit permi		481 × DUE TO, OR AS A CONSEQUENCE OF	
		Conditions, if only, which gove rise to immediate couse (a). (b) upper lobe, right lung	
shauld be en word 'perica the Chief's burial-transit		stating the underlying couse DJE TO, OR AS A CONSEQUENCE OF	
cate g the ed t	2	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM, NAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
	CERTIFICATION	196 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY? YES NO
ifical ifical distribution of the same of	MEDICAL CER	210 EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING HOUR A.M. PM 19 210 T-ME OF INJURY Month, Doy, Year HOUR A.M. PM 19	n 18)
the of th	MED	21d INJURY OCCURRED 21e PLACE OF IN.JRY (At home, form, street, WHILE AT WORK AT WORK AT WORK AT WORK	County State
		22a. I certify that Look charge of the remains described above held an Autapsy Inspection Inquiry	and in my apiniar
blease e director erained DIRECT		death resulted from Natural causes 🗵 Accident 🗌 Suicide 🗍 Homicide 🔲 Undetermined manner	
y, plectar during the prior t		ACTUAL SIGNATURE ACTUAL	GNED
TO DEPUTY DICAL EN necessary, please exect the funeral director. Po 5 may be retained for TO FUNERAL DIRECTOR: Health prior to burial		SIGNATURE EXAMINER'S NAME (Type) SIGNATURE M.D. ASS STANT MED CAL EXAMINER DEPURY MEDICAL EXAMINER ADDRESSED OF 1919 AND ASS STANT MEDICAL EXAMINER ADDRESSED OF 1919 AND ASS STANT MEDICAL EXAMINER LEADING TO THE STANT MEDICAL EXAMINER ADDRESSED OF 1919 AND ASS STANT MEDICAL EXAMINER LEADING TO THE STANT MEDICAL EXAMINER ADDRESSED OF 1919 AND ASS STANT MEDICAL EXAMINER LEADING TO THE STANT MEDICAL EXAMINER ADDRESSED OF 1919 AND ASS STANT MEDICAL EXAMINER ADDRESSED OF 1919 AND ASS STANT MEDICAL EXAMINER LEADING TO THE STANT MEDICAL EXAMINER ADDRESSED OF 1919 AND ASS STANT MED	181968
nec the 5 n	230	BURIAL, CREMATION, 23b DATE 23c NAME OF CEMETERY BR CREMATORY 23d .OCATION (City of Town)	(County) (State)
0.0	04	BENOVAL (Specify) 12-21-1968, Sedar Hill Cemetery Prince Georges	Maryland
VR ATSME (5)		FUNERAL PIRECTOR Garler C. Gler Carladoress Sil. Spr., Mito RECD BY REGISTRAR 250. REG STRARS ST Varner E. Pumphrey, Inc. 8434 Georgia Avenue Dallet 23 1968 fluores	
10M REV 1/68\	V	Truckey, Jric. 0434 Georgia nuevine practo D. J. 1000 J.	10



,	1			D STATE DEPARTMENT OF H		
	1	17047		301 W. PRESTON STREET, BALTI CERTIFICATE OF DEATH		/AF0
	1. D	ECEASED-NAME First	Middle	Lost Lost	20. DATE OF DEATH	958
de d	(1	ype or print) Dura	ξ.	Snyder	Month Doy	P Yeor 68 10 A. M
the 13	3 51	x Genale	4. RACE Cancasian	S. DATE OF BIRTH // April 12× 18	84 6 AGE (In years lost b rihday)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS OAYS HOURS MIN
by by		BIRTHPLACE (State or foreign	7b CITIZEN OF WHAT COUNTRY?		COUNTY OF DEATH	
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e death certificate be exect afterding physician and compermit. Then please remo	160. Y	WAS DECEASED EVER IN U.S. ARME es, no, ac unknown) (1 yes give wor	D FORCES? or dates of service) 508-26-0		L. Snuder Silver	Centrew Rd.
ng h ce		18. CAUSE OF DEATH (Enter only	one couse per line for (o) (b), and (c) 8Y.		4- 1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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requires that the death certificate be executed within 24 hours after g physician. I signed by the attending physician and campletely filled in by the burial-transit permit. Then please remote carbon popers. Pages to burial, cremation, or removal, and ungay event, within 72 hours anea		Conditions, if any, which gave) rise to immediate couse (a),	DUE TO, OR AS A CONSEQUENCE OF	ed + Carline or	tem and everis	247602,
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v requing phy	*	PART 2. OTHER SIGNIFICANT COND 3344	TIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE ORCC	NDITION GIVEN IN PART 1(0)	
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OR ATT e retoin in 3 shoil d with id		22b SIGNATURE	For Her fund	mo attending me	D STAFF 22c D	ATE SIGNED
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O HOSPITAL Poge 4 moy O FUNERAL director, pog should be fil	230.	BUR AL CREMATION, 23b DA	TE 23c NAME OF C	EMETERY OR CREMATORY Creek Cemetery	23d OCATION (Cty or Town) Washington, D.	(County) (State)
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VR A15 (4) 45M - 1/69	We	arnet C. Pumphri	ey, Inc. Silver 8	pring, Md. DATDEC	12 1968 Jelian	las Judge

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10	\ 				301 W. PRESTON STREET, BAI CERTIFICATE OF DEATH		the es
	~ .	- -	Item23 FilmG408 1 DECEASED-NAME First	./6/69 kk M.ddle	lost	20. DATE OF DEATH	
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DAILS	Po Po	ŀ	70 BIRTHPLACE (Stote or foreign 7	'b CITIZEN OF WHAT COUNTRY?	8 MARRIED X NEVER MARRIED	9 COUNTY OF DEATH	
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ق بو	The state of the s	ŀ	George W. Spa			Address	
fical	physic ten ple aval, d			or doles of service) 16b. SOCIAL SECURITY 1	17	795 Princton Pl.	Rockville.Md.
erti	g ph Then may	ŀ	IR CAUSE OF DEATH (Enter only	one couse per line for (o), (b), and (c)			APPROX MATE INTERVAL
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9	then os os prio	ЭĒ	190 DATE OF OPERATION 196 CO	INDITION FOR WHICH OPERATION WAS PE		20b IF YES, WERE FINDINGS (CAUSES OF DEATH?	CONSIDERED IN CERTIFYING
€	or of the property of the prop	7	E 210. ACCIDENT WAS UNDERLYING	21b TIME OF INJURY	YES HOW INTIDE OCCUPATED (F	ter nature of injury in Part 1 or Part 2,	
IAN	ficol for for far far far far far far far far far fa	_		HOUR A.M. Month Doy Year		iter norute of injury in Port 1 of Port 2,	nem 10)
YSIC	ospi certi hed ot. o		GOR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examine) 21d, INJURY OCCURRED 21e, P	r) P.M. 19 LACE OF INJURY (AT HOME, FARM, STREET FACE OFFICE BUILDING, ETC.		No. City or Town	County State
F	he hospital ar ottending this certificate hos been letached for use os the ¿Dept. of Health prior to		While Not while of work	OFFICE BUILDING, ETC			,
NG NG	ter i		22a. I certify that (I) (this	haspital) attended the decease	ed from APA/L 2-1 , 19. 86 X , and that in (my) (eur) a	53, to Drc 24, 19	68 , that (1) (we) las
S. S.	ed bed by the S		saw the deceased aliv	(I) (we) (did) (did not) view the	85 🗶 , and that in (my) (e vr) a	pinion death accurred on the de	ate and have and from the
	toin Shout that		22b. SIGNATURE	(i) (we) (did) (did not) view the	oddy after death.	220	DATE SIGNED
OR.	REC 33.9 dwl		Kafe A-G	Rusla M. D	DEGREE PHYS		C.24, 1968
AL (t file	7	22d. PHYSICIAN S	TOA	_ 22e. ADDRESS		D The
TIAS	FRA Gr, F	Ľ	NAME (Type)	ERT OI HW	6 LE MD. 6009	PERRAY AUE	DETHESDA
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the	Page 4 may be retained by the hospital ar ottending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicient, page 3 should be detached for use as the burial-transit permit. Then poshould be tiled with the State Dept. of Health prior to burial, crematian, or remayal,	ſ	230 BUR AL, CREMATION, 23b DA	TE 23c NAME OF	CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(County) (Stote)
2	ح 5 <u>و م</u>	- 1	Buffall Transi 12		Land Cemetery		Carolina
	VR A15 (4) 45M - 1/6	2	Tyson Wheeler F.	H. 1331 Rockville	LIKE DEU	BY REGISTRAR 25b REGISTRAR'S	GNAINE SEEDE
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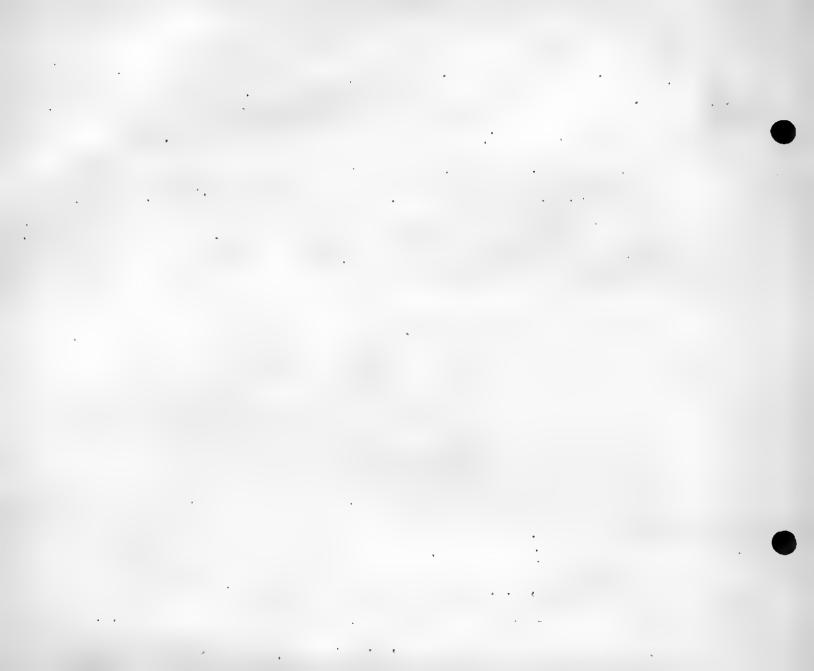


1	MARTLAND STATE DEPARTMENT OF HEALTH
4-1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
	CERTIFICATE OF DEATH 17960
一一一一一	1 DECFASED-NAME First / Middle Lost 20 DATE OF DEATH Zb HOUR
deat	(Type or print) Ralph J. Sprague Dec 27 1968 1:10 N
	3 SEX 4 RACE S DATE OF BIRTH 6 AGE (In years 15 UNDER 74 HES INSTANCE) OBS DISTINGUES MAN MAN DAYS HOURS MAN
hours after the factor of the	male white 1-4-1898 lost birthday) YRS MONTHS DAYS MONTHS DAYS MONTHS DAYS MONTHS DAYS MONTHS DAYS MONTHS
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filled thin 77	10 CITY OF TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (K AD of work done 1/2b KIND OF BUSINESS OR
equires that the death certificate be executed within 24 physician. signed by the attending physician and completely filled is buriol-transit permit. Then please remove carbon paper bur it, cremation, or removel, and in any event, within 72	BETHESOLA give street address Juliur ban during most of working life, even if retired) INDISTRY GOV: t
olete cork	130 USUAL RESIDENCE (Where decosed lived, finishtytion Residence before 13c CITY, OR TOWN 13d ASIDE CITY, AN IS? 3e STREET AND NUMBER
executed with and completely f remove carbon i ony event, with	odmission) STATE md 136 COUNTY Then towners BE this A YES NO 9019 Livente Drive
exe emo	.4. FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle Lost
and e rem	Frank Sprague Mabel DeWitt
/srcion please	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT TO Address
physicion en pleose	Yes, no, or unknown) (It yes give war or drives of service) Yes VW I Ella F. Sprague Same as Item 13.
The gg p	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE MIRRYA. BETWEEN DISTINATION OF THE PROXIMATE MIRRYA.
he death certh offending physemit Then proof	PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Cerella vascular accedent / day
he death attendi permit ion, or r	4369 DUE TO, OR AS A CONSEQUENCE OF
the the matic	Conditions, if ony, which gove
s that the cian. d by the transit cremat	rise to Immediate couse (o), stoling the underlying couse DUE TO, OR AS A CONSEQUENCE OF
Sicio Sicio ol-h	$lost. 33 \frac{7}{X}$
equires tha physician. signed by buriol-tran burm!, cren	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT SELATED TO THE TERMINAL D SEASE OR CONDITION GIVEN IN PART 1(0)
PHYSICIAN: The tow requires that the death cert is hospitol ar attending physician. his certificote has been signed by the attending platched for use as the buriol-transit permit. Then Dept. of Health prior to burial, cremation, or remov	From house was a most we have thereise send in while well will
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The property of the passes of	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? YES NO CAUSES OF DEATH? 200. IF YES, WERE FINDINGS CONSIDERED IN CONTRY NG CAUSES OF DEATH?
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Part of the part o	GOR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year If either, notify medical examiner) P.M. 19 2 Id. INVIER OF CIERTO 1 216 PLACE OF INVIERY AND HOUS FARM STREET FACTORY 1 236 LOCATION Second of P.F.D. No. 1
hos hos	21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET EACTORY.) 21F LOCATION Street or R.F.D. No. City or Yown County State
the detce Deep of the Deep of	While Not work Of work Of work
by the stote	22a I certify that (1) (this hospital) attended the deceased fram 12/12 7, 19 6 8, that (1) from las
END ed bed bed be sed b	saw the deceased alive an 19 6 and that in (my) (our) apinian death accurred an the date and haur and from the causes stated above, (1) (we) (did) (did not) view the bady after death
	226 S GNATURE 226 DATE SKINED
REG S S S S S S S S S S S S S S S S S S S	ATTENDING TO MED STAFF
V b C	22d PHYS CIANS 22e ADDRESS 22e ADDRESS 27 A A A A A A A A A A A A A A A A A A
mo RAI F, P	NAME (Type) Allen I O Neill 8601 old Teargetive Coal bethere
TO HOSPITAL OR ATTENDING PHYSICIAN: The fow requires thre Page 4 may be retoined by the hospital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the burial-transhould be filled with the State Dept. of Health prior to burm!, crea	230. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Store)
Page Page	Burial 12-30-68 Parklawn Cemetery Rockville, Maryland
LIN LIN	24 FUNERAL DIRECTOR ADDRESS 250 REC D BY REG STRAR 25b REGISTRAR'S SIGNATURE
VR A15 (1)2)	ROBERT A. PUMPHREY, Bethesda, Maryland DATH JAN 1 1968 Clearles Judge
	loop f



1		MAKTLAND STATE DEPARTMENT OF HEALTH ***********************************	
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	7961
HEALTH DEPT.	1 0	ECEASED NAME First Middle Last 2a DATE KNOWN Manth	
y delay is and 3 to M3. Page	(Type or Print) Paul Douglas Stokes DEATH MATED & Dec	30 1968 5 3
Po d 3	3 \$	EX 4. RACE S DATE OF BIRTH 6. AGE (IN YOUTS F ONDER) YEAR IF JINDER 24 MBS 2c. DATE PRONO JINCED DEAD	2d HOUR
2, and PM3.		M31/4/176 22 YRS MODOC. W 30	Year 1969 3 FM
La Land		BIRTHPLACE (Store or foreign 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED S 9. COUNTY OF DEATH 177) WOSA. PC 2 S-A WIDOWED DIVORCED 1 1 COUNTY OF DEATH	
Pages vith for	_	1008/1. 10 0.74 mounted 1.1011 F doll 1101	Md 12b KIND OF BUSINESS OR
70 00 > 2	10.		INDUSTRY
with the death.	130.	TICHA PESIDENCE (Where decested land if inclusion Registra before 12, CTY OR TOWN 13d MS(0) (17, UMIS2 1 36, STREET AND ALLADOD	r Oi
ond 2 will free death		dm ssion) STATE Morgian 136 COUNTY Mentagemery Derwood. YES NO 197/3 Monca	ster Kel
	14 [Rather's NAME First Middle Stokes IS MOTHER'S MADEN NAME First Middle Rolling Stokes	YOUDE)
MINER: This certificate should be executed within 24 the certificate, writing the word "pending" in penal in 4 should be forwarded to the Chief Medical Examiner's in files. B. Should be used as a bur of-transit permit. File pages mation, or removal, and in any event within 72 hours and the contraction.	16a	WAS DECEASED EVER IN U.S. ARMED FORCES? 1166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS	100111
	- (3	(es. no, or unknown) (If yes give wor or dotes of service) 217-46-8896 [-tho]. Same as 11	
shauld be executed will be word "pending" in peror the Chief Medical Exarburot-transit permit. File I'm any event within 72		18 CAUSE OF DEATH (Enter any ane cause per line far (a), (b), and (c)) PART 1 DEATH WAS CAUSED BY.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ding edit wit		IMMEDIATE CAUSE (a) COOR Shor Western 7 // Car	Scilden
ef M		Conditions, if any, which gave)	
ord ' ord ' Chi		nse to immediate cause (a), (b) DUE TO, OR AS A CONSEQUENCE OF	
shou we wo the urol		last (c)	
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tifice arde d as	NO	7 A	
VER: This certificate, writh hould be forwar iles. Should be used than the control of the contro	FICATION	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
The icote be be or re	CERT	210 EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Doy Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, the	YES NO
entification on the control of the c	MEDICAL	PRIMARY TOR CONTRIBUTING HOUR AM. 12/30 1968 Shot self in head with Pistel	
MINER he cert should should the should should mailton mailton mailton	WEI	21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R.F.D. No. City or Town	County Agray
L EXAM recute th Page 4 for your R:Page		AT WORK LIAT WORK All Horne 19713 Muncaster Rd. Decrused	Moist gamery
DEPUTY SICAL EXAMINER: scessary, please execute the cert e funeral directar. Page 4 should may be retained for your files. FUNERAL DIRECTOR: Page 3 should briar to burial, cremation.	1	22a. I certify that I taak charge of the remains described above, held an Autopsy, Inspection 💢, Inquiry 💢	
Sic a sector in ed in ed o bu		death resulted from Natural couses 🗌 , Accident 🔲 , Suicide 🔼 , Homicide 🔲 , Undetermined manner [
JIY PIC. ry, please e erol director be retained RAL DIRECT prior to bu		ACTUAL SIGNATURE ACTUAL ACT	IGNED
outy, nero pe be ERA		1 SIGNATURE 2 2	0.1968.
o DEPUTY Sical necessary, please er the funeral directar. S may be retained o FUNERAL DIRECTOR Health prior to bu		NAME (Type) John G. Ball ADDRESS(Street, city, town, or county)	
5 g t ~ 5 g	23a	REMOVAL (APPLY) Ton 3 3069 Tonday	(County) (State)
0.5	24	FUNCTAL DIRECTOR Jan. 2, 1958 Laytonsville ADDRESS ADDRESS Laytonsville Mc ADDRESS 250 REC'D BY REGISTRAR 250 REGISTRAR 5	ont. Md.
VR A15ME (5)		rancis H. Barber Laytonsville, Md.	
10M KEA 11.00 /3 (1.4)	_		





•	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201									
		CERTIFICATE OF DEATH								
2 6/2	1. D	ECEASED-NAME First Middle Lost 20, DATE OF DEATH 2b, HOUR	_							
death. neral and 2 death.	(Type or print) BA64 GIRL STONE Month / 2 Day 23 Year 68 H 95 A	M							
in the second se	3. 51	EX 4 RACE S DATE OF BIRTH 6. AGE (in years F UNDER 14 FAR F JHDER 24 HRS								
E RAJ		Female White Dec 39,1968 lost birthday) YRS. MONTHS BASS 45								
2 6	7o	BIRTHPLACE (State or foreign 7b, CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH								
iilled ir papers	_	MIDOWED DIVORCED /nont60mery	۱d,							
Be executed within 24 hours and completely filled in by a remove carban papers. For in any event, within 72 habs:	10 4	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospita) 12. USUAL OCCUPATION (Kind of work dohe during most of working life, even if retired.) 12. KIND OF BUSINESS OR during most of working life, even if retired.)								
arbodrbd // /	SQ.	USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c, CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER	_							
Lexecuted withing and campletely fremove carban nany event, with	adm	ission) STATE MARY And 17th COUNTY P. G. LANDOWER YES X NO 1870 Columbia AUC								
and co	14.	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost	=							
		Thomas Stone Judy Woody	,							
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 to retained by the haspital or attending physician. SIRECTOR: After this certificate has been signed by the attending physician and campletely filled in early should be detached far use as the burial-transit permit. Then please remove carban paper ed with the State Dept. af Health priar to burial, crematian, ar remayal, and in any event, within 72		WAS DECEASED EVER IN U.S. ARMED FORCES? (16s, no. or unknown) (If yes give war or dates of service) Address PATIENTS CHART								
ng p		IB. CAUSE OF DEATH (Enter only one cause per Imp for (o), (b), and (c)). APPROXIMATE INTERVA. BETWEEN ONSET AND DEATH								
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law reinding been s	l _z	777 5								
tend tend ss tend priat	CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?								
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IAN ficat far Hea		OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Doy Year								
rSIC aspira certii hed	MEDICAL	(If either, notify medical examiner) P.M. 19 21d. INDIRY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town County Stote	_							
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be defached far use as the burial-transhould be filed with the State Dept. of Health priar to burial, creasing the state of		at work at work								
DIN by Wiffer Stat		22o. I certify that (I) (this hospital) attended the deceased from Alc. 32 , 1968 , ta Acc 33 , 1968 , that (I) (we) la saw the deceased olive an 1965, and that in my) (our) opinion death occurred on the date and hour and from the	st							
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A SPECIAL SECTION OF SPECIAL SEC		226 SIGNATURE 226 DATE SIGNED								
OR be be 3e 3e 3e 3e 4	L	William My DEGREE PHYS LI DIRECTOR LI PHYS. AT MEC. 25, 1/68	_							
ZAL RAL Poor		PHYSICIAN'S NAME (TypeW. Bryan, M.D. 7600 Carroll Ave, Takoma Park, Maryland 20012								
OSP INE INE	720	BURIAL, CREMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)	=							
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30M REV IVE	J.	Ruffcorn 7600 Carroll Ave, T. P. Maryland DATOEC 27 1968 October Quedet								

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I	MARYLAND STATE DEPARTMENT OF HEALTH						
	1 7 5 5 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201						
	CERTIFICATE OF DEATH 17964						
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The State of the S	1	DIVISION	OF VITAL RECORDS			TIMORE, MARYLAND 2120		
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affer Me fur	- Hongle	4 RACE	ite		DATE OF BIRTH 1-16-189	6 AGE (In years last birthday)		F UNDER 24 HRS. HOURS MIN
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equires that the physician. signed by the c burial-transit p burial, crematia	stating the <u>under</u>	lying cause DUE 10,	OR AS A CONSEQUENCE O		E TERMINAL DISEASE OR	CONDITION GIVEN IN PART 1(a)		
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5 PHYSIC the hampil ths certni detached e Dept. af	2 d. INJURY OCCU While Nat whi at wark at wor	RRED 21e PLACE OF INJU	RY (AT HOME, FARM, STREET F OFFICE BUILDING, ETC.		ION Street or R.F.D No	o City or Town	County	Stale
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OR All bir reft bir reft bir she	225 SIGNATURE	null	Londzoz	MD	PHYS Z	MED. STAFF DIRECTOR PHYS	22c DATE SIGNED	16 x
O HOSPITAL OR ATTENI Page 4 may b m retained D FUNERAL DIRECTOR: A director, page 3 shauld shauld be filed with the	22d. PHYSICIAN'S NAME (Type)	HZ LEN		ND2A		CHATSWERT	4 为是	(C, (A)
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1. DECEASED NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR P deoth. deoth. era ond (Type or print) December William Anthony Taddeo 10:00 3. SEX 4 RACE 5. DATE OF BIRTH IF UNDER 1 YEAR E JNOER 24 HRS 6. AGE (In years last highday) HOURS June 12, 1939 Male White 7b. CITIZEN OF WHAT COUNTRY? 70 BIRTHPLACE (State of foreign 9. COUNTY OF DEATH 8 MARRIED [X] NEVER MARRIED (ountry) New Jersey and completely filled in Lemove corban papers in any event, within 721 USA Montgomery DIVORCED [WIDOWED [24 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 20 USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR executed within The Clinical Center, NIH during most of working life, even if retired) warehouse Supervisor **INDUSTRY** Bethesda 130. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c CITY OR TOWN 13e STREET AND NUMBER 134 DISIDE CITY JMITS? odmission) STATE New Jersey COUNTY YES 😽 916 Lakeside Place Union yno ni 14. FATHER'S NAME 15. MOTHER S MAIDEN NAME First Middle First Middle lost sician and Ned Taddeo LaFerrara Mary requires that the death certificate be ease burial, cremation, or remaval, and 16b. SOCIAL SECURITY NO 17 INFORMANT The Medical Record Address 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, ne or unknown) 143-30-0983 The Clinical Center. Bethesda, Maryland 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) GETWEEN ONSET AND GEATH PART 1. DEATH WAS CAUSED BY: 24 Hours Sepsis, shock IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) (b) Acute Myelogenous Leukemia l Years signed by the burial-transit p rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital or attending physician. stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) **D FUNERAL DIRECTOR:** After this certificate hos been director, page 3 should be detached for use as the should be filed with the Stote Dept. of Health prior tall 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19g DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🟋 NO | FUNERAL DIRECTOR: After this certificate irector, page 3 should be detached for us 210. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF GEATH HOUR A.M. Month Day Year (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town State County While Not while at wark 19 22a. I certify that (IX (this haspital) attended the deceased from December 3, 19 68, to December 1, 1968, saw the deceased give an December 19 1968, and that in (AA) (our) applicant death occurred on the data of , and that in (m) (our) opinion death occurred on the date and have and from the causes stated abave, (A) (Me) (did) (and not) yew the bady after death. 22b. SIGNATURE 22c DATE SIGNED 120 December 1968 MED DIRECTOR DEGREE 22e. ADDRESS The Clinical Center, National 22d. PHYSIC AN S NAME (Type) Brian W. Goodell, M. D. Institutes of Health, Bethesda, Md. 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) 230 BURIAL, CREMATION (Stote) Burial (Specify) 2 Gate of Heaven Cemetery Hanover, New Jersey 12/24/68 Typon Wheeler Funeral Home-1-35 Rockville Pine C 26 19 VR A15 (4) Milarla 1968 30M REV. 1/68 Rockville, Md.



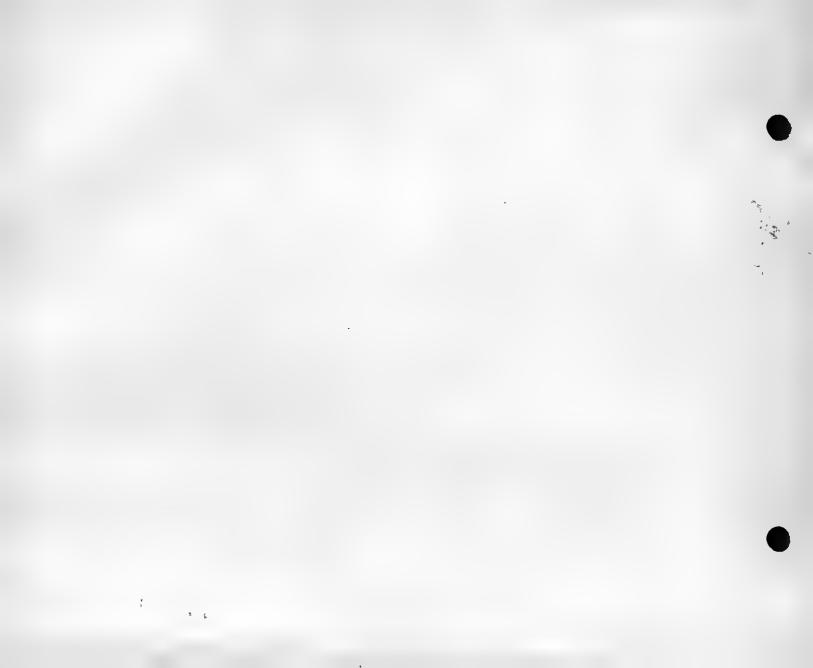
	1	MARYLAND STATE DEPARTMENT OF HEALTH	
	1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	17979
FOR STATE		### MEDICAL EXAMINER'S CERTIFICATE OF DEATH	2. 4 0 6 17
HEALTH DEPT.	1.5	DECEASED-NAME First Middle Lost 20 DATE KNOWN Month I	Doy Year 2b HOUR
ny delay is 2, and 3 ta PM3. Page	1	Type or Print) Androw Clifford Tait DEATH MATED Tox	9 1948 87 N
Pos ag	3 9	EX / 4 RACE / 5 DATE OF BIRTH / 6 AGE (in years F UNDER 1 YEAR IF JINDER 24 HRS 2c, DATE PRONOUNCED DEAD	2d HOUR
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miner 24 miner in pages		WAS DECEASED EVER IN U.S. ARMED FORCES? / 16b SOCIAL SECURITY NO 17, INFORMANT / ADORESS - LI	tel no Date
within persist of the page 72 hour	(Yes, no, or unknown) (Il yes give way or doors observed) 70-05-0612	11/1/11/11/11
in 72 and 25 in William		TO CALLET DE DEATH (Consultant and Consultant and C	APPROXIMATE INTERVAL
at le		18. CAUSE OF DEATH (Enter only one couse per life for (o), (b) and (c)) PART 1. DEATH WAS CAUSED BY:	BETWEEN ONSET AND DEATH
din		IMMEDIATE CAUSE (a) Corona 14 1750331ccney Acufe	500000
pen pen sit		Conditions, if any, which gove) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove)	4005
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shauld be executed tword "pending" in the Chief Medical E urial-transit permit. F in any event within		storing the amounting coase	40215
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AL EXAMINER: This certificate shaufd be executed executed executed the certificate, writing the ward "pending" is a Page 4 shaufd be forwarded to the Chief Medical for your files. TOR:Page 3 shaufd be used as a burial-transit permiturial, cremation, ar removal, and in any event within		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA. DISEASE OR CONDITION GIVEN IN PART 1(e)	
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wr wr yrwy use	3	196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
hrs.	1		AEZ 🔲 NO 📆
=	MEDICAL CERTIFICATION	210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year PRIMARY OR CONTRIBUTING HOUR A.M.	n 18)
INER: e cert shauls files. 3 shau	걸	CAUSE OF DEATH P.M. 19	
mat Share	業	21d INJURY OCCURRED 21e PLACE OF INJURY (At home, farm, street, office building, etc.) 21f EOCATION Street or R.F.D. No. City or Town	County Stote
XAMINER: te the certi ge 4 shavid yaur files. 'age 3 shau's crematian,		WHITE NOT WHITE TOCTORY, office building, etc.)	
bical Examiner: se execute the certi setor Page 4 shauld ned for your files. tECTOR:Page 3 shau o burial, crematian,		22a. I certify that I taak charge of the remains described above, held an Autopsy , Inspection X, Inquiry 🗐	and in my opiniar
y, please executed director Pays are retained for the prior to buriation.		death resulted from: Natural couses 🖾, Accident 🔲, Suicide 🗍, Homicide 🗍 Undetermined monner	7
pleose e I director retained	1	CHIEF MEDICAL EXAMINER	_
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o DEPUTY DICA DICA DICA DICA STATE OF CONTROL OF CONTROL DIRECT Health prior to but		NAME (Type) Tokin G. Tall 1. P. T. T. ADDRESS(Street, city town, or county)	4,1,1
To DEPUTY DICAL EXAM necessary, please execute the funeral director Page 4 5 may be retained for your TO FUNERAL DIRECTOR: Page Health prior to buriat, crem	230	BURIAL CREMATION. T 236 DATE 23c NAME OF CEMETERY OR CREMATORY CT 23d LOCAT ON (City of Town)	(County) (State)
	13	REMOVAL(Specify) 12/13/39 For the on Or ty. 300 timors	Il rolani
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TOWNER 1.00 LA		Nockville, M.	-0-0



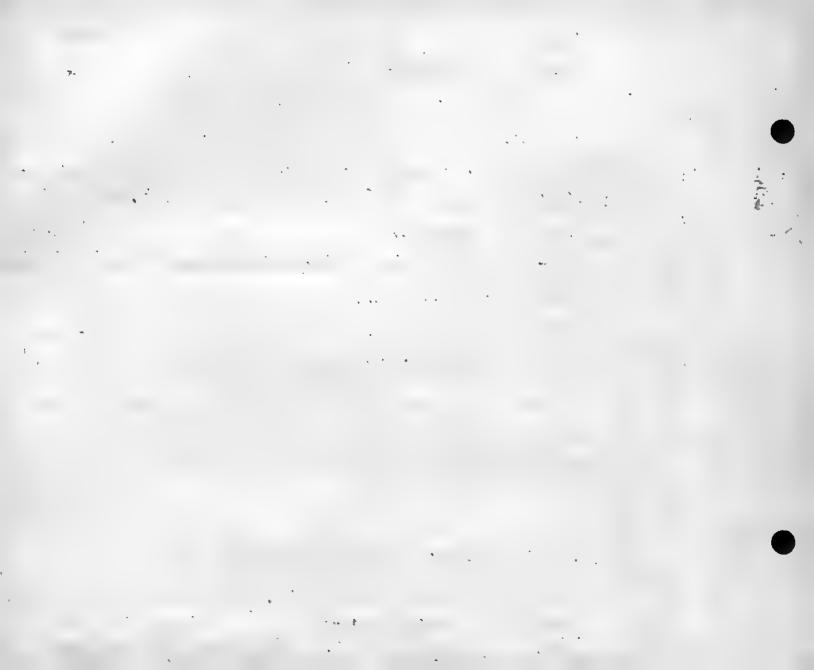
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e de		CEASED-NAME First (Pe or print)	rge	M:ddle	Tai	Lost	2a.	DATE OF DEATH Month December		1,968	2b. HOUR 8 A /M
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	14. F	ATHER'S NAME First Joseph Tait	M.ddle	Lost	15	MOTHER'S MAIDEN			ddle		Lost
	160	WAS DECEASED EVER IN U.S. ARM	FD FORCES? It or dates of service)	16b. SOCIAL SECURITY I		ORMANT Mary A.	Tait	Add	dress S 13		
		1B. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIA Conditions, if ony, which gave rise to immediate cause (o), stating the underlying cause last PART 2 OTHER SIGNIFICANT CON	BY. TE CAUSE (o) DUE TO, OR (b) DUE TO, OR (c)	AS A CONSEQUENCE OF SA CONSEQUENCE OF	Hestin Mcec H. Co	ation c	The	ombosis			ATE INTERVAL SET AND DEATH
	CERTIFICATION			HICH OPERATION WAS PE		20a AUTOPSY?	№ □	20b. IF YES, WERE FINI CAUSES OF DEATH?			RTIFYING
	₹	210. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examin	HOUR A.M. er) P.M.	Month Day Year	,			re of injury in Part 3 ar		, 	
		at wark at work 22a. I certify that (I) (the saw the deceased at causes stated abave	s haspital) at	(AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	ed from 12	that in (my) (ta	, 19_ <u>E</u> the date		(I) (we) last and fram the
		22b. SIGNATURE 22d PHYSICIAN'S NAME (Type) Tome	RW BR. T	love Tr	PTPEGRE	ATTENDING PHYS. 220. ADDRESS 570	1	1 . 1 . 1	Do	e signed = 17,1 faither	968 sburg
	23a B	BURIAL, CREMATION, 23b (ATE -14-17	13 Schm	CEMETERY OR C	าจไ	,	LOCATION (City or Tow		(County)	(State)
	24	Funeral director Taken A Mat	tingly	ADDRESS /3/~1/ **	118.	4/ A mail	REC'D BY REG DEC 2 0		STRAR'S SIG		4.



	_	1	MARTLAND STATE DEPARTMENT OF HEALTH
110			DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
7			12001 CERTIFICATE OF DEATH 17972
	£ 200 £		CEASED NAME First Middle Last 2a. DATE OF DEATH 2b. HOUR
	de at	{I	ype or point) Leslie Britton Taxlor Dec. Month 7 Doy 19808 P.M
		3. SE	X 4 RACE S DATE OF BIRTH 6 AGE (IN YOURS S IF UNDER 1 YEAR S IF UN
	a ge	1	Male Caucasian 3-26-96 lost birthday) YRS. MONTHS ONTS HOURS MIN
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	9 8 9	<u> </u>	Maryland Montagmeny Dencerville 1901 Spencerville Kd.
	o di G	14 1	ATHER'S NAME First Middle Lost 15 MOTHER'S MAIDEN NAME First Middle Lost
	* 12 Tag =	B	eniamin B. Taylor Flizabeth D. Wilson
•	are an an		WAS DECLASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17. INFORMANT Address es, no. or unknown) (If yes give wor or dates of service)
	tific hys val,		No 141-16-02721 tatient & Wite
	The The		18. CAUSE OF DEATH (Enter only one couse per line for (g), (b), and (t))) () APPROXIMATE INTERVAL BETWEEN ONSET AND OCATH
	ath adir it.		PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Electroly to the religion of Chycloung
	de de erm erm n, d		600 X DUE TO, OR AS A CONSEQUENCE OF 102 C
	the c		Conditions, if ony, which gove)
	ome	1	rise to immediate cause (o),
	requires that the death certificate graysician. I signed by the attending physicial burial-transit permit. Then pleas buriat, crematian, ar remayal, and		stoting the underlying couse to HI T I I CC A Character of Rh. William States Large
	ysi ysi gner gnerial		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OUT NOT BE ATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) EURO CHARLES
	五色	1	TAKE 2 WHICK STORTED AND CONTROLLED TO THAT TO THE TEXT OF THE TEXT THE TEX
	ding ding the	8	190 DATE OF OPERATION 196 CONDITION FORWHICH OPERATION WAS PERFORMED 200 AUTOPSY? / 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
	d sk brice	CERTIFICATION	CAUSES OF DEATH?
	r al	ERI	75.70 B MEMOLIOMA
	AN: al o ar cate	=	21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW MUURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year
	Diameter 2	MEDICAL	(If either, notify medical examiner) P.M. 19
	has see pt.	Ξ	21d. N.JRY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, SIREET, FACTORY) 21f LOCATION Street of R.F.D. No. City of Town County State
	the third third the Detection		at work or work
	TENDING ined by th OR: After i		22a. I certify that (1) (this haspital) attended the deceased from 12/10, 1968, to 12/17, 1968, that (1) (we) last
	De A P		saw the deceased alive on 12/17 1968, and that in (my) (our) opinion death accurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the bady after death
4	ania Gina di		22b, SIGNATURE 22c DATE SIGNED (
	R A A ret	1	ATTENDING FOR MED STAFF STAFF
			Recupe (COXX) DEGREE PHYS DIRECTOR PHYS 13/18/68
	TA may		22d. PHYSICIAN'S NAME (Type) 22e ADDRESS 831 University Black & Solve, African Ma
	NEN Tar, tar	L	
	Page 4 may be retained by the haspital or attending physician. To FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers. Page shauld be state Dept. of Health priar to burial, cremation, ar removal, and in any event, within 72 hours.	23a	BURIAL CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d NOTATION (City or Town) (County) (Stote)
	5 5 5 2 W	1	18 18 18 18 1968 Deorge Washington adelphi. Md
	VR A15 (4)	24	ADDRESS 250 REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	30M REV 1/68	1/	LATER WOLLD THE BENEOLE ST NW DATOEC 20 1968 SChooles Judge
	(1	



free 5		_	1	4.4.2 (15%)		ID STATE DEPARTMENT C		
		ı		1790%			BALTIMORE, MARYLAND 21201	
/				MARY		CERTIFICATE OF DEAT	i H	17973
	£ .	==== (ECEASED NAME First Type or pnnt)	Myddle	Last	20 DATE OF DEATH	y Year 2b, HOUR
	pap	funeral and 2	1	M A	ey somewoo	TAYLOR	Month Po	100 8 10 AM
	Ter .		9, 5		4. RACE	S. DATE OF BIRTH	6. AGE (in years	IF UNDER 1 YEAR IF UNDER 24 NRS MONTHS DAYS HOURS MIN
	s of	Page 2		Female	CAUCHSI	20 9-6	-0/ lost birthday) 67 YRS.	MONERY DATA UDCK2 WIRE
	aur.	0 = 3/		BIRTHPLACE (Stote or foreign	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
	within 24 haurs after death	7 2g d :		MARYLAND	U.S. America	WIDOWED DIVORCED	MONTGON	IERY Md.
	.=		10	ITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR IN	STITUTION (If not in hospital 12a	USUAL OCCUPATION (Kind of work done	126 KIND OF BUSINESS OR
	with .	carban ent, wit	<u> </u>	TAKOMA PAR		-TON SAN+HOSP.	ng most of work ng life, even if retired). CIERK - HECHT	Co Dept. Store
-			130.	USUAL RESIDENCE (Where deceo:	THE RESERVE OF A LIFE	13c, CITY OR TOWN 13d INSIDE	CITY LIM TS? 13e STREET AND NUMBER	
1/ *	раможе	E & SON O) Udil	MARYlana	13b COUNTY Montcome	a S. Sp. YES DE	NO□ 233 Wh	it moor Terr.
1(, 1	ex .	7 6 8 9	14.	FATHER'S NAME First	Middle Lost	IS MOTHER'S MAIDEN NA	ME First Middle	Lost
		U = 1	L	Lee	Wilson	7	Ida	Laired
9.	OR ATTENDING PHYSICIAN: The law requires that the death certificate be retained by the haspital or attending physician.	ifter this certificate has been signed by the attending physical be detached for use as the burial-transit permit. Then please State Dept. of Health prior to burial, cremation, or removal, and in		. WAS DECEASED EVER IN U.S. ARI les, no, ocuphypown) (If yes give v	one on electric of connect to control	ו אמחויה ו	Dracey Address	
41	£ .	4 = 5 C		- (NO	2/3-14-	6075 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	become everes 233 (Whitmoor Terrac
	8	Br. M.	3	18. CAUSE OF DEATH (Enter on	ly one couse per line for (o), (b), and (c)	.)		BETWEEN ONSET AND DEATH
	eath	ar r	1	PART I. DEATH WAS CAUSE IMMEDI	D BY: ATE CAUSE (0) CARDIAC T	AMBNADE		MINUTES
	p a	affe on,	1	4109	DUE TO, OR AS A CONSEQUENCE OF			
	£ .	電車等 4	7	Conditions, if any, which gave	(b) RUPTURE OF	POSTERIOR APIGA	LMYOCARDIUM	SUPPEN
	thair.	ran	3	rise to immediate cause (a), stating the underlying couse	DUE TO, OR AS A CONSEQUENCE OF			
	Sicio	하는 다.		last.	() POSTERIOR	APICAL MYOCA	ROIAL INFARCTION	16 HOURS
	phy phy	signed burial-tr burial, c	Ĭ	PART 2. OTHER SIGNIFICANT COL	NDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE	ORCONDITION GIVEN IN PART 1(o)	
	v re	2 9 P P P P P P P P P P P P P P P P P P	i i	4 x11;				
	pup.	right A		190. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS PE	RFORMED 20a. AUTOPSY?	206 IF YES, WERE FINDINGS	ONSIDERED IN CERTIFYING
	The aff	5 8 df /	RTIFICAT			YES N	O CAUSES OF DEATH?	
	N D	are lead	1/2	27a ACCIDENT WAS UNDERLYING CAUSE OF CEA			(Enter nature of injury in Part 1 or Part 2,	Item 18)
	Die die	書書	7 2	(If either, notify medical exami	TH HOUR A.M. Month Doy Year ner) P.M. 1	9		
	HYS has	this certificate has been etached far use as the Dept. of Health prior to	1 2	21d INJURY OCCURRED 21a	PLACE OF INJURY (AT HOME, FARM, STREET FA	CHORY.) 21f LOCATION Street or R.F.I	D. No. City or Town	County State
	the P	ECTOR: After this ce 3 should be detache with the State Dept.	A .	While Not while at work at work	•			
	N A	fter be	7	22a. I certify that (I) (th	is hospital) attended the deceas	ed fram /2//	1968, to 12-12, 19	68, that (I) (we) last
	S S	he he	7	saw the deceased a	live on /3 - //	19 <u>68</u> , and that in (my) (aur) apinian death accurred an the de	ate and haur and fram the
	E ign	CTOR.	Í	22b. SIGNATURE	e, (i) (ave) (bid) (bid-not) view lile	body uner deam.		DATE SIGNED
	% /	N S C		H Freeze	to I Hambelle	DEGREE PHYS	MED STAFF DIRECTOR PHYS.	12-68.
		At Dis	1	22d. PHYSICIAN'S		22e. ADDRESS	DIRECTOR — PILIS. — P	
	PT/	Z 2 2 N	4	NAME (Type) SEE (ich 1. Kimble	-, mo 9801 G	eoRGIA Ave. S.	Smd.
	O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital or attending physician.	o FUNERAL DINECTOR: After director, page 3 should be filed with the State	230	BURIAL, CREMATION, 23b.	DATE 23¢ NAME OF		em 23d. LOCATION (City or Town)	(County) (State)
	0 F	5 g 4	E	BEALD VALUE OF S		n Presbyterian	PrincesAnn	
	-	17/2	24	FUNERAL DIRECTOR T.W.Le	address Address	Sil Spr. Md 250 RE	C'D BY REGISTRAR 256 REGISTRAR"	SIGNATURE
		VR A15 (4) X 30M REV. 1/68	We	rner E. Pumphr	ey, Inc. 8434 Geor	igia Avenue DATE	C 19 1968 Jelian	las Judge



3	CERTIFICATE OF DEATH
erol and 2 secth.	1. DECEASED NAME First Middle Lost 20. DATE OF DEATH (Type or print) Pirs Princerum H. Jaylor December 16 1968 73p. M
hours after death by my Tuheral hour effer death	3. SEX 4. RACE 4. RACE 5. DATE OF BIRTH 6. AGE (In years if under 24 HRS last birthday) 788 Months Ody's Hours Min.
hours hours	70. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? B MARRIED NEVER MARRIED 9 COUNTY OF DEATH
v filled on the state of the st	Model of Server 10 S.H. WIDOWED DIVORCED 1/07/90mery Md. 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street paddress) Randolpha trills during most of working life, even if retired.) What sing from experiments of working life, even if retired.) Nous from the country of the street paddress of working life, even if retired.)
TENDING PHYSICIAN: The low requires that the deoth certificate be executed within ined by the hospital or ottending physician. No. After this certificate has been signed by the attending physician and completely fill ould be detached for use as the buriol-transit permit. Then please remove corporate the State Dept. of Health prior to buriol, cremation, or removal, and in any event, within the State Dept.	130 US. AL RES DENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13d NISSDE CITY LIMITS? 13e STREET AND NUMBER odmission) STATE p. Ad 13b. COUNTY on 190 Mon gamer of Silver Spring YES NO 2108 Belvedere Boulebard
ate be executician ond completes remove and in any every	14 FATHER'S NAME First Middle Lost Is MOTHER'S MAIDEN NAME First Middle Lost Christian A. Joil Cornelia - Sweet
e deoth certificate b attending physician bermit. Then please on, or removol, and i	160 WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, pp. or unknown) (II yes give war or dates of service) 16b. SOCIAL SECURITY NO 17 INFORMANT Address Rockville, Md. 192-26-1548 D. H. Laessle Daylor 4105 Southend Road
e low requires that the death certific tending physician. So been signed by the attending phys os the bur ol-transit permit. Then prior to buriol, cremation, or removal,	1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), ond (c).) PART I DEATH WAS CAUSED BY: (IMMEDIATE CAUSE (o) COLONIA HID DEATH APPROX.MATE INTERVAL BETWEEN ORSE AND DEATH APPROX.MATE INTE
the deorth the attendial permit.	Conditions, if ony, which gove
equires that the physician. Signed by the contraction bur ol-transit postured, cremation	rise to immediate couse (a). stoting the underlying couse lost. (b) DUE TO, OR AS A CONSEQUENCE OF (c)
The low requires the ottending physician, hos been signed by se os the bur ol-train the prior to buriol, cre	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
The low range of the state of t	196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? YES NO CAUSES OF DEATH?
PHYSICIAN: e hospital or his certificate stached for u Dept. of Heo	OR CONTRIBUTING CAUSE OF DEATH OF Month Doy Year Off either, notify medical examiner) OR CONTRIBUTING CAUSE OF DEATH OF M. Month Doy Year OF M. Month Doy Year
by the hospital or fler this certificate be detached for u state Dept. of Heol	While Not while of work of work
ENDING ned by the Rt After the State of the	22a. I certify that (I) (this haspital) attended the deceased from (a L), 1967, ta (b) (c), 1968, that (II) (we) last saw the deceased alive on (b) (c) (dia) (aid not) view the bady after death.
マミロを担 タ	The SIGNATURE ATTENDING MED DIRECTOR PHYS DI
SPITAL 4 may 1 may	22d PHYSICIAN'S BU) T. NOWS M.D. 22e ADDRESS ROLLER ROCKELLE, N.D.
TO HOS Poge 4 TO FUN direct	23a BURIA. (REMATION, REMOVAL (Specify) 23b DATE 23c NAME OF (EMFTERY OR (REMATORY 23d LOCATRON (City or Town) (County) (Stote) REMOVAL (Specify) 12-21-1968 Greenwood Cemetery Trenton, New Jersey
VR A15 (4) 30M REV 1768	24 FUNERAL DIRECTOR J. W. Lee July ADDRESSIL. Spr. Md. 250 RECT BY REGISTRAR S SIGNATURE Warner E. Pumphrey, Inc. 8434 Georgia Avenue DATE Li 23 1968 FUNE Judge.

MIAKTLAND STATE DEPAKTMENT OF HEALTH



41	Items 18-22a Film 409 MARYLAND STATE DEPARTMENT OF HEALTH 2-7-69 ams division of vital records, 301 w. preston street, baltimore, maryland 21201
FOR STATE	#2964 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 17975
HEALTH DEPT.	1 DECEASED NAME First Middle Lost 20 DATE KNOWN Manth Day Year 8 198 9:52 P (Type or Print) WILLIAM FLOYD TAYLOR
- FAM	(Type of Print) WILLIAM FLOYD TAYLOR OF ESTI- 12 28 68 9:52 P
and	3 SEX 4 RACE 5 DATE OF BIRTH 0. AGE [n years of UNDER 1 YEAR IF UNDER 24 HRS 2C. DATE PRONOUNCED DEAD 20 HOUR Months DAYS HOURS MIN MORTH 12 280 Year 19 68 9:52P
1, 2, or PN	70. BIRTHPLACE (Stote or foreign 7b CITIZEN OF WHAT COUNTRY? 8. MARRIED PREVER MARRIED 9 COUNTY OF DEATH
dges ith farm	North Carolina United States WIDOWED DIVORCED Montgomery Md. 10 CITY OR TOWN OF DEATH II NAME OF HOSPITAL OR INSTITUTION (If not in haspital 120 USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR
after deatl 8. Give Pagalong with with the Ste	Olney (give street address) during most of working life, even if retired.) INDUSTRY Montgomery General Hospital Manager Dixieland. Inc.
hours after death Item 18. Give Pages 1, Office along with farm I and 2 with the State Di after death	13a LSUAL RES DENCE (Where deceased lived, if institution. Residence before 13c (ITY OR TOWN 13d INSIDE CTY LIMITS? 13d INSIDE CTY LIMITS? 13e STREET AND NUMBER 40th Clyde Drive
hours tem 13 Office and 2	14 FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle Lost
AFT N N N	Preston Taylor Eva Turner
Za	16d WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dates of service)
shauld be executed e ward "pending" in the Chief Medical urral-transit permit in any event withir	18. CAUSE OF DEATH (Enter only one cause per 1960s. (a) (b) and (c) part I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OP AS A CONSEQUENCO F TALEMAN SKULL With intracranial public to the immediate cause (a), stoting the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBLING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)
This tertificate irate, writing the be farwarded to do be used as a bar removal and	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS TEXTORMEN ACCOUNTED THE PROPERTY OF INJURY Month, Day, Year 21a EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day, Year 21c HOW, INJURY OCCURRED (Enternature of Injury in Port 1 or Part 2, Hem. 18)
EXAMINER: T scute the certification of the certific	PRIMARY TOR CONTRIBUTING HOUR A.M. Dec X 19 68 Investor Stown Act of when it struck also of DEATH PM Dec X 19 68 Investor Stown Act of when it struck also of DEATH PM Dec X 19 68 Investor Street or R.F.D. Mo. City or Town County State
XAM oge 4 yaur ren	white at work at work of at work of the bridge electric at work at work of the bridge electric at the br
DEPUTY DICAL ES reessary, please execu e funeral director. Pag may be retained for privile pri	22a. I certify that I taak charge of the remains described above held an Autapsy X, Inspection X, Inquiry X, and in my apinion death resulted from: Natural causes, Accident X, Suicide, Homicide, Undetermined manner ACTUAL SIGNATURE
5 5 ± 2 5 ±	236 BURIA, CREMATIDN 236 DATE 236 NAME OF CEMETERY DR (REMATDRY 23d LOCATION (City or Town) (County) (Stole) Burial, Removal 12/30/68 Onslow Memorial Park Jacksonville North Carolina
	24. FUNERAL DIRECTOR ADDRESS 2SQ REC D BY REGISTRAR 2SQ REGISTRAR S SIGNATURE
VR A15ME (5)	The Demaine Funeral Homes, Inc. Alexandria DAIL AN 2 1969 Acharles Judge



1	MARYLAND STATE DEPARTMENT OF HEALTH ADDIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH 17976	
HEALTH DEPT.	1 DECEASED-NAME First Middle last 2a DATE KNOWNIX' Month Day Year	2b HOUR
.≃(≘ (⊋ ())=	(Type or Print) Clara B. Terhune OF ESTI. Dec 24 19	681 FN
delay M3 Pa 1 men 1	3 SEX 4 RACE S DATE OF BIRTH 6 AGE (In years IF LINDER 14 HRS 2c DATE PRONOUNCED DEAD lost bathleday) MONTHS DAYS HOURS MIN. Months Days	2d. HOUR
y dong man	Female White 4-10-82 86 YRS Dec - 24 106	1 / FOR
A 3	7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH (COUNTRY)	
- C. D. A.	New Jersey U.S.A. WIDOWED DIVORCED Montgomery IG. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (if not in haspital 12a USUAL OCCUPATION (kind of work done 12b KIND OF BI	MISINESS OR
r death	Bethesda Suburban during most of warring I fe, even if retired INDUSTRY	12IME22 OK
_ > m ∓ . ′	130 USUAL RESIDENCE (Where deceased lived, if institution, Residence before) 130 CITY OR TOWN 34 INSIGE CITY JM 157 13e STREET AND NUMBER	
s after 18. Gi	odm ssion) STATE Maryland 13b. COUNTY Montgomery Chevy Chase YES NO 4125 Ieland Street	
24 haurs aftei in Item 18. Gi r's Office alang ss Land 2 with rs after death.	14 FATHER'S NAME First Middle Last 15 MOTHER'S MAIDEN NAME First Middle Li	ost
24 F	Edward C Bennett Annie E. Whit	lock
s certificate should be executed within 24 haurs e, writing the ward "pending" in pencil in Item I farwarded to the Chief Medical Examiner's Office used as a burial-transit permit File pages I and 2 emoval, and in any event within 72 haurs after c	16b SOCIAL SECURITY NO 17 INFORMANT ADDRESS same as (Yes no, or unknown) (If yes gree wer or dorses of service) 020-18-9203 Mrs. T. Harold Scott - Daughter	abov
with n per Exan Exan File		ITE INTERVAL
ecuted v ling" in edical Ex ermit Fi	PADT 1 DEATH WAS CAUSED BY THE LOSS PER THE	ET AND DEATH
executed nding" ir Medical I permit at within	IMMEDIATE CAUSE (a) CONSEQUENCE OF LITSUTS I CENTED HEUTE.	
be e. pen lef A	Conditions, if any, which gove) Cardie Vascular Diseas-	5
rid brund ' Chi	rise to mmed ate couse (a), stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
should be exine ward "pend a the Chief Me burial-transit pu	(Ceneralizad Arterio Sole osis Year	S
ER: This certificate should be executed certificate, writing the ward "pending" in auld be farwarded to the Chief Medical E. es. hauld be used as a burial-transit permit Fian, ar removal, and in any event within	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(0)	
This certificate is take, writing the be farwarded to do be used as a bar removal, and	Fracture of Left Hip.	
his certifiate, writifie farwar	190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? Report of Left DIP YES I	
	19a DATE OF OPERATION Pec-24, 1968 - 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? Peter 24, 1968 - 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? Peter 210 EXTERNAL CAUSE WAS 210 EXTERNAL CAUSE WAS 210 TIME OF INJURY Manth, Day, Year 211 HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)	NO 🔀
= = = =	PRIMARY DOR CONTRIBUTING HOUR AM DOL 22 19 68 7 all in newwy from	
INE Share files 3 share		State .
EXAMINER: cute the certifage 4 shauld ryaur files. Page 3 shauld, crematian,	21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, foctory office bu. iding, etc.) WHILE AT WORK AT WORK AT WORK OF AT	. INE
DEPUTY DICAL EXERCISES Seessary, please executive funeral directar. Page may be retained far y FUNERAL DIRECTOR: Pealth prior to burial.		my opinian
se exerctor. Pertar. Pertar. Pertar. Pertar. Pertar. Pertar. Pertar. S. burrar.	death resulted from: Notural couses , Accident , Suicide , Homicide , Undetermined manner	
please e l directar retained L DIRECT to but	CHIEF MEDICAL EXAMINER	
ury, ple eral di be rete RAL Di prior	ACTUAL SIGNATURE	, 0
Ssar fune fune The R	EXAMINER'S NAME (Type) ADDRESS(Street, city, lown, or county)	- 0
TO DEPUTY necessary, the funeral 5 may be r TO funeral Health prin		(Stote)
F	REMOVAL (Specify)	
	24 FUNERAL DIRECTOR ADDRESS 12SQ REC'D BY REGISTRAR 2SD REGISTRAR S SIGNATURE	
VR A15ME (5) 10M REV 1/68	The S.H. Hines Company Washington, D.C. DABEC 27 1968 Clearly Judge	ie.

MAKTLAND STATE DEPAKTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1. DECEASED NAME Middle 20. DATE OF DEATH MARY arid 2 death. 24 haurs after death Muneral (Type or post) Month MICSEL S. DATE OF BIRTH 6. AGE (In years last birthday) 3. SEX IF UNDER 1 YEAR MONTHS whi to 2/16/1895 7b CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED country) New York U.S.A. WIDOWED DIVORCED [11 NAME OF HOSPITAL OR INSTITUTION (If not a hospital 120 USUAL OCC NUT SINGuing most of 10 CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (Kyld of work done 12b KIND OF BUSINESS OR Silver Spring INDUSTRY II S Colonial Secre Home .Gov! **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and cokaplete director, page 3 should be detached far use as the burial-transit permit. Then please remave cart shauld be filed with the State Dept. af Health prior to burial, cremation, ar remaval, and in any event, 13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13d INSIDE CITY LIM TS? 13e STREET AND NUMBER 11b. COUNTY Washington NO F 1916 17th St.N.W TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be exec 14. FATHER'S NAME Middle Last 15. MOTHER S MAIDEN NAME First Patrick Sexton Marv Collins 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Address Yes, no, or unknown) I (If yes give war or doles of service) 378-19-3576A Nursing Home Records (seme 18. CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c) PARY I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave } rise to immediate couse (a) DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190 DATE OF OPERATION 2Do. AUTOPSY CAUSES OF DEATH? NO [YES 🗀 21o. ACCIDENT WAS UNDERLYING 21c. HOW MURY OCCURRED (Enter nature of Injury in Part 1 or Port 2, Item 18.) 216. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY) 21f LOCATION Street or R F.D. No. 21d INJURY OCCURRED City or Town County State While Not while of work 22a. I certify that (I) (this hospital) attacked the deceased from 1968, to 1968, to 1968, to 1968, that (I) (ne) last saw the deceased alive an 1968, and that in (my) (ear) opinion death accurred an the date and hour and from the causes stated above, (I) (a) (did) (did not) view the body after death. 22b. SIGNATURE 22c DATE SIGNED ATTENDING STAFF DEGREE PHYS DIRECTOR 22d. PHYSICIAN'S 22e, ADDRESS NAME (Type) Donald . Datlow. 823 M. D. Univ. Blvd. West. Silver 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 23g BURIAL CREMATION. (Stote) Removal (Specify) 12/28/68 St. Raymond's Cemetery Bronx, New York 2Sb. REGISTRAR S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 30M REV 1/68 DATE DEC 3 1 The S. H. Hines Co. Washington, D. C.

to the second second , t e s e

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT DECEASED NAME First M. cidia Lost 20 DATE KNOWN Yeor (Type or Print) Alice Elizabeth Thomas DEATH MATED 3 SEX 4 RACE IF UNDER 1 YEAR IF JNOER 24 HRS 5. DATE OF BIRTH 6 AGE (In years 2r DATE PRONOLINGED DEAD Mih. White 3-22-1890 Yeor Temale 7o. BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) WIDOWED | Montagmery DIVORCED [The Stote IG. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 25 KIND OF BUSINESS OR give street oddress) during most of working life, even if retired) INDUSTRY Silver Spring Give Motor Co 130 DSUAL RESIDENCE (Where deceased eved, f institution Residence before 13c. odmission) STATE 136 COUNTY Sandu Item 1 Office, ofter and Joseph Middle 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME First Middle Lost Thomas Alice Pawcett .⊆ should be forworded to the Chief Medical Examiner's hours pages 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT ADDRESS be executed within (Yes, np. or unknown) Grank 9. Thomas 3278 Glenerales Dr 577-03-6229 File APPROXIMATE INTERVAL within 18. CAUSE OF DEATH (Enter on y one cause per line, for (a) 461, and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY pending IMMEDIATE CAUSE (n) event DUE TO: OR AS A CONSEQUENCE OF burial-transit Conditions, if only, which gove rise to immediate couse (a). any This certificate should writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse <u>_</u> PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 20 removal CERTIFICATION used 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? certificote, NO PA YES 🖂 6 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18) should MEDICAL PRIMARY OR CONTRIBUTING HOUR A.M cremation, P.M. CAUSE OF DEATH 21d INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f LOCATION Street or RFD No. City or Town County Stote foctory, office building, etc.) WHILE NOT WHILE AT WORK 22a. I certify that took charge of the remains described above, held on Autopsy Inquiry X Inspection and in my opinion death resulted from: Notural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER prior **ACTUAL** 22b. DATE SIGNED FUNERAL the funerol SIGNATURE **EXAMINER'S** moy Heolth Belden R. Reap NAME (Type) 0 230 BURIAL CREMATION 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Rock Creek Cemeters 2-18-1968 Burral REC D BY REGISTRAR REGISTRAR'S SIGNATURE VR A15ME (5) Pumphreu. ync. Georgia TOM, REV. 1768

MARYLAND STATE DEPARTMENT OF HEALTH



./ 1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
I de	CERTIFICATE OF DEATH	17979
€ -2€	1 DECEASED NAME First Middle East 20 DATE OF DEATH	2b HOUR
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	10- CHALDCODENCE OUT 1 13 1 4	Nome.
cam	odmission) STATE Maryland 13b COUNTY Montgomery Bethesda 9804 Montauk	Avenue
and rem	14 FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle	Lost
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ICIAN: The law requires that the death certificate be executivated or attending physician. Things has been signed by the attending physician and comfort use as the burial-transit permit. Then please remove of the burial, crematian, ar removal, and in any expected the prior to burial, crematian, ar removal, and in any expected the prior to burial, crematian, ar removal, and in any expected to the prior to burial, crematian, ar removal, and in any expected to the prior to burial, crematian, ar removal, and in any expected to the prior to burial, crematian, ar removal, and in any expected to the prior to the pr	Yes, no, or unknown) (If yes give wor or dates of service) None 17 INFORMANT Address Address A. Russell Thomas Same as #13	
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OR DIRE	CAUCLET SUPPLIES DEGREE PHYS DIRECTOR PHYS DIVERSITY PHYS DIVERSIT	Z.4/1968
TAL Page per file	22d PHYSICANS NAME (Type) ROBERT RAMEDOMER/MI) 22e ADDRESS VED ARE LANGE A	S
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	24 FUNERAL DIRECTOR OSEPH Gawler's Sons. THEELY 250 RECU BY REGISTRAR 250 REGISTRAR 25	SIGNATURE
VR AIS [4] 45M - 1/69	5130 Wisc. Ave. N.W. Wash., D.C. DEC 3 0 1968 JCL	erles Judge



1/ 1/1	1 Items 1 & 5 FilmChO7 MAKILAND STATE DEPARTMENT OF HEALTH
7	12/23/68 kk Division of Vital records, 301 W. Preston Street, Baltimore, Maryland 21201
- 40	CERTIFICATE OF DEATH
	I DECEASED-NAME First Middle Lost . 20. DATE OF DEATH 2b. HOUR
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rriif ph)	170-10-4000 Cauche N. Jamas 6300 2011 Place, margine Na.
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ndi ibiri ir	PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (0) URINARY TRAPT INFECTION, SERSS. 2 weeks.
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he he o	190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? YES NO (CAUSES OF DEATH?) 210. ACCIDENT WAS UNDERLYING 1216 TIME OF INJURY (21c HOW INJURY OCCURRED (Enter poture of injury in Port 3 or Port 3 or Port 3 or Port 3. Item 18.)
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The see that	220. I certify that (I) (this hospital) ottended the deceased from ONOSE 15, 19 64, to December 1, 19 65, that (I) (we) last saw the deceased alive an Oceana 7, 19 65, and that in (my) (aur) apinian death accurred on the date and haur and from the causes stated above (I) (we) (did) (did not) view the body after death.
N A A A A A A A A A A A A A A A A A A A	saw the deceased alive an Vacewal 7 19 63, and that in (my) (aur) apinian death accurred on the date and haur and from the
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A ta D to the	226 SIGNATURE DE STAFF 220 DATE SIGNPD 1
OR OR De r	Years G- leignicum MD. DEGREE PHYS. MED DIRECTOR - STAFF - 12/7/68
AL E	22d. PHYSICIAN'S 22e ADDRESS 22e ADDRESS
Pi a Pi a	NAME (Type) HUGO G. GRAZIANI 10101 GERGIA ALENUZ & SILVER STATE, MO.
UNI UNI	230 BURIAL (REMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote)
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after Page 4 may be retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the director, page 3 should be detached far use as the burial-transit permit. Then please remaye carbon papers. Pages should be filed with the State Dept af Health priar ta burial, crematian, ar remayal, and in any event, within 72 hours after.	Kny to tecty) 12-11-1968 Reth & Memorial Dark Demographen Now James
====	24 FONERAL DIRECTOR (250 REC'D BY REGISTRAR S SIGNATURE 250 REC'D BY REGISTRAR S SIGNATURE
VR A15 (4) 30M REV 1/68	(1) - C n 1 - 0 0124 C 21.3pt., 1/4 DEC 1 2 1000 Milanda C.
OWN 164 1708	Warner E. Pumphrey, Inc. 8434 Georgia Avenue DATE DEC 1 2 1968 Petrantes Judge



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

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filled i poper bin 72		8811 - Colesville for L 106 8811 Colevelle Rd 106 YES NO											
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G PHY the ho r this c detoch	MEDICAL	20c TIME OF INJURY Month, Doy, Yeor Hour o.m. pm. 19 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, pm. 20f. (Cty or town) (County) (Stote foctory, street, office bldg, etc.)											
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OR AT be refu IRECTO		220. SIGNATURE ATTENDING MED STAFF 226. DATE SIGNED MED DIRECTOR PHYS Like 18/96											
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HOSPITA age 4 mo FUNERA irector, p hould be	7	BURIAL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY . 23d. LOCATION (City or Town) (County) (Stote)											
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VR A15 (4)	A T	FUNERAL DIRECTOR Joseph Gawler's Sons ADDRESS 5130 Wisco. 5250. RECD BY REGISTRAR 250 REGISTRAR'S SIGNATURE											
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		MARYLAND STATE DEPARTMENT OF HEALTH
1.		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17983
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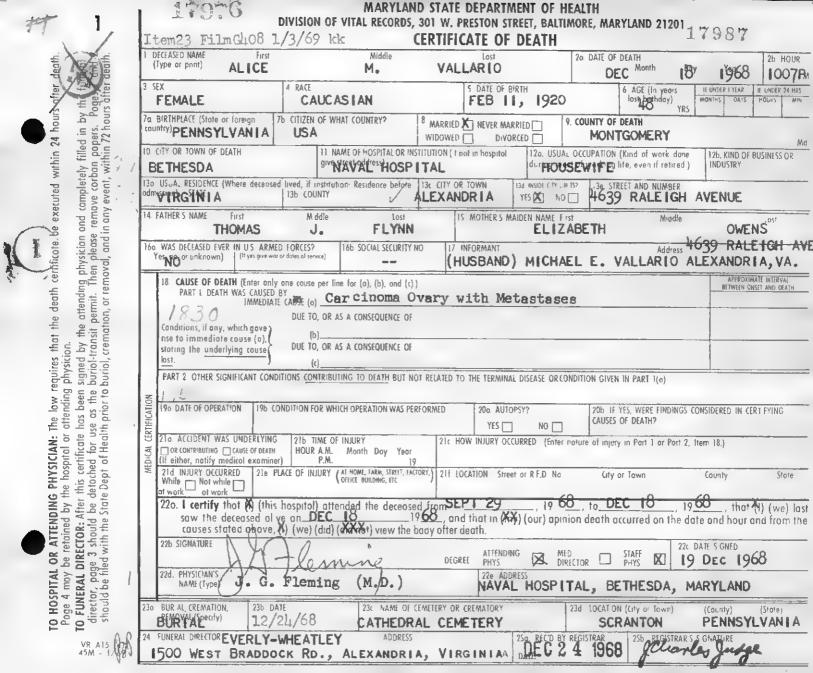


1.2	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201					
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Page O FUA direct shau	230.	BURIAL (REMATION, REMOVAL/Spectry) BURIAL 12/23/68	23c NAME OF CEMETERY OR CR Parklawn Cen		LOCATION (City or Town) ockville. Mo	(County) (Stote)
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1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201					
*	CERTIFICATE OF DEATH 17985					
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PIT, mo		NAME (Type) JOHN	R. SPENCER, M. D.	15444 COI	LUMBIA ROAD, B ∄ RT	IONZAILLE, MD.
HOS ge 4 :UN ecte	23a B	URIAL, CREMATION, 230, DA	23-68 23c NAME OF	CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(County) (State)
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		DIVISION OF	VITAL RECORDS, 301 W.	PRESTON STREET, BALTIMORE, MAR	YLAND 21201	
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MARYLAND STATE DEPARTMENT OF HEALTH



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	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
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14.	I. FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle	Lost
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16	Sa. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no prunknown) (11 yes give wor or dottes of service) 578-36-8813 Uictoria Hiser 1315 Missouri Aver	1., D.C.
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	na wante de mark	
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	sow the deceased alive on	nd hour and from the
	22b. SIGNATURE 22c. DATE	SIGNED
	DEGREE PHYS DIRECTOR PHYS /2 /	26/68
	22d. PHYSICIAN'S 22g. ADDRESS C C C	. MJ
	22d. PHYSICIAN'S NAME (Type) G. Lennard Gold, M.D. 22e. ADDRESS Georgia Avenue, Sil. Sp.	r., I'ld.
23	DO BURIAL CREMATION. 23b DATE 23c, NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Co	ounty) (State)
	Burnal 12-30-1968 Cedar Hill Cemetery Suitland Pr. Geo	s. Md.
24	A FUNERAL DIRECTOR LL C - 31-5 ADDRESS C - 1 See REC'D BY REGISTRAR 25b. REGISTRAR S SIGN.	ATURE
	Warner E. Purphrey, Inc. 8434 Georgia Avenue MAN 3 1969 Charles	July L

MAKTLAND STATE DEPARTMENT OF HEALTH



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MAKILAND STATE DEPARTMENT OF HEALTH

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	rian cian eas and		WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOC AL SECURITY NO 17 INFORMANT /Address	
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14/	DIVISION OF VITAL RECORDS,	301 W. PRESTON STREET, BALTIMO	DRE, MARYLAND 21201 18000
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age de la company de la compan	kauses stated abave, ((we) (did) (did nat) view the b	ody after death.	
Mark Telephore	22b SIGNATURE	ATTENDING MED	STAFE 224 DATE SIGNED
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VR A15 (4) 45M 1/69	24. FUNERAL DIRECTOR ADDRESS	250 RECD BY RE	
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1		em 5 Film 3.05 MAKILAND STATE DEPARTMENT OF HEALTH 2/31/68 kk DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	1	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	8001
HEALTH DEPT.		ECEASED NAME First Middle Lost 20 DATE KNOWN Month D	oy Year 25 HOUR
ay is 3 ta Page ent of	(Type or Print) DEWEY WATKINS DEATH MATED & 12 1	12 1967 9 客前
	3. 5	lost birthday) MONTHS DAYS MOURS MIN Month Day	Year 2d HOJR
y delly and PM3.	12	416 White - 41 28-19/14/13 YRS. THE 12	16-8 107 M
any del 1, 2, and rm PM3.	(0 UI	BIRTHPLACE (Stole or foreign 1 70 4CHT-ZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH 18 MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED 50 DIVORCED 1 1/10 WHO MERY.	44.1
te for the form	10.	CHY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION Kind of work of the 12	Zb KIND OF BUSINESS OR
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ris ris	160	WAS DECEASED EVER IN U. S. ARMED FORCES? 166, SOCIAL SECURITY NO 17 INFORMANT ADDRESS 7 1	
		(es, no, or unknown) [It yes give wer or dotes of service) [Industrial of the control of the con	airy Jul
		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY: Smolle inhalation and burns, diffuse, 40%	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
d be executed d'pending" in Chief Medicoly transit permit.		PART I. DEATH WAS CAUSED BY: Smoke inhalation and burns, diffuse, 40%	
e ex pend ef Me ssit p		DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave	
Chie		rise ta immediate cause (a).	
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certil orwor used mova	CERTIFICATION	190. DATE OF OPERATION 195. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
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INE ce short	MED	21d INJURY OCCURRED 21e. PLACE OF INJURY (At hame, form, street, 21f LOCATION Street or R F D. Na. City or Town	County State
EXAMINER: ute the certiloge 4 should your files. Poge 3 shoul		WHILE AT WORK	gh Mont. Ma
Pog Pog iol,		22a. I certify that I took charge of the remains described above, held an Autopsy, Inspection, Inquiry,	ond in my apinion
bur Edge		death resulted fram Natural causes 🔲 , Accident 🔀 , Suicide 🔲 , Homicide 🔲 , Undetermined manner 🕻	
please e I director retained DIRECT for to bu		ACTUAL OD & Ball CHIEF MEDICAL EXAMINER C	ANER
ny, ny, ny, ny, ny, ny, ny, ny, ny, ny,		SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER DEBUTY MEDICAL EXAMINER DEBUTY MEDICAL EXAMINER	3,1968
o DEPUTY DICA Incressory, please extra function director. S may be retained to FUNERAL DIRECTOR. Health prior to burnery		EXAMINER'S NAME (Type) ADDRESS(Street, city, town, ar county)	277.73.0
TO DEPUTY necessory, plec the funerol dir 5 may be reta TO FUNERAL DI Health prior t	230	BUR AL, CREMATION, A 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (Eny or Town) ((ounty) (State)
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VR A15ME (5)	24.	FUNERA. DIRECTOR Ernest C. Gartner ADDRESS Gaither sburg. 1:d DATE DEC 19 1968 Class	SNATURE On Ace
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1		-	DIVISION OF VITAL RECORDS,	301 W PRESTON STRE		ARYLAND 21201	1000	_
		17001		CERTIFICATE OF D		ANTIMITO ATZOT	1800	2
		CEASED NAME First	Middle	Lost	2o. DATE	OF DEATH		2b HOUR
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	3. SE	(4 RACE	S. DATE OF BIRT		6. AGE (In years	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS.
		Female	Negro	6/22	/1887	lost birthday) BI YRS.	WORLD? DAL?	TOURS MIN
	7o E	IRTHPLACE (State or foreign	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARR	9. COUNTY	OF DEATH		
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9		wash., DE	J	100.00	AF2 MO	24 Bryant S	t. NU	
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		Conditions if any, which gove) nse to immediate couse (a),	(b) Han Kalence	es Michila	MO TROVI 1	U KINCOSE)	5 Y:	>
		stoting the underlying couse	DUE TO, OR AS A CONSEQUENCE OF	1 Ct.	1 2			
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	ERT	210 ACCIDENT WAS UNDERLYING	216 TIME OF INJURY	1 -		njury in Port 1 or Port 2,	Hom IR\	
		OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. Month Doy Year		were frinct noting 61 a	njory ar control to roll 2,	110(11 10)	
	MEDICAL	(If either, notify medical examinated in the state of the	PLACE OF INJURY (AT HOME, FARM, STREET FAI		or P.E.D. No.	ity or Town	County	Stote
		While Not while of work	OFFICE BUILDING, ETC.	ZII LOCATION SITE	VIKTURU.	/ C	County	31010
		22g cortify that (1) (the	hasnitall attacked the decour	nd from 9/1/	19 (6) 10	1/2/ 16	that	(1) (we) las
		saw the deceased a	haspital) attended the decease	%, and that in (my) (aur) apinian deat	Vaccurred on the do	ate and havr	and from the
		causes stated above,	(I) (we) (did) (did nat) view the	bady after death				
	Ι.	22b. SIGNATURE	/// .	ATTENDING	MED -	STAFF 22c	DATE SIGNED	
		4	Comer of a	DEGREE PHYS	DIRECTOR L	PHYS L	10/6	
		22d PHYSICIAN S NAME (Type)	000	22e ADDR		6.001 111 1-	0.0	
		Fomai	d Mazique, MD	180		NW, Wash.		10. 7%
	230	(BURIA) CREMATION, 23b D REMOVAL (Specify)	2-24-68 Sen	CEMETERY OR CREMATORY	em. S	TON (City or Town)	(Gunty)	(Stafe):
	24	BONERAL DIRECTOR	ADDRESS	J 25 / 1	250. REC D BY REGISTRAF			
-	1	20361201	unerel Hon	C. K. S. Ruce	DATEDEC 27	1968 PClo	MAN JOHN	42



01 -	MARTLAND STATE DEPARTMENT OF HEALTH	
4	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
	17002 CERTIFICATE OF DEATH 18003	
€ _2€	DECEASED NAME First Middle Lost 20. DATE OF DEATH 26. HC	
deol	(Type or print) ANNETTE WEINER 13-11 4 Day Greger 3-2	O M
	SEX 4. RACE S DATE OF BIRTH 6. AGE (In years IF UNDER LYEAR) IF UNDER 24	HRS.
Z PEZ	FEMALE WRITE 6-5-15 last DITTHOUGH DAYS NOURS	MIN
hours n by s. Pa hours	BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? B. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
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wthin 24 hours by filler in by the popers. Pagwithin 72 hours	CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital during most of work done lizb. KIND OF BUSINESS O during most of working life, even if retired.) 120 USUAL OCCUPATION (Kind of work done lizb. KIND OF BUSINESS O during most of working life, even if retired.) 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital during most of working life, even if retired.)	₹ .
plenty fill corbon pent, within	WIVER, DRING, MI HOLY (ROS) HOUSEWIFE	
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ote be exercion and college remain only	DAMUEL MINDIN KAY MERICAN	
ertificote be physicion c ten pleose aval, and in	O WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no. On unknown) [(If yes give wor or dates of service) [150. SOCIAL SECURITY NO	
phy en	110 1212.10.2128HENEY WEIDER GAME 4212	
te death ce othending p permit. The	18 CAUSE OF DEATH (Enter any one couse per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY:	н
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off off ion,	4339 DUE TO, OR AS A CONSEQUENCE OF	_
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ss that the rician de by the I-tronsit I, cremati	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	5.
equires that the physician. signed by the buriol-tronsit puriol, cremati		
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)	
ding ding seen the	TO DAY OF	
	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20c. AUTOPSY? YES NO. 17 YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 210. ACCIDENT WAS UNDERLYING 121b. TIME OF INITIALY 21b. HOW INITIALY OCCURRED. (Finter patture of initialy in Part 2 or Part 2 or Part 3 or Pa	
or of or other state of the sta	YES NO- VE CHOSEN VIDERLYING 1216 TIME OF INJURY 1216, HOW INJURY OCCURRED (Enter nature of injury in Port) or Port 2, Item 18.)	
PHYSICIAN: The e hospitol or otte his certificote has stached for use o Dept. of Health pr		
HYSICIA hospitol s certific ached fo	Or CONTRIBUTING CAUSE OF DEATH (If either, not fy medical examiner) P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT MOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. (Ity or Town County States)	-
PHY e ho nis o ract ract Dep	While That while The authority feet.	E
at the state of th	22a. I certify that (I) (this hospital) attended the deceased from 1 - 1, to 1, 1967, that (I) (we)	last
FENDING TENDING Red by th Red After th uld be de the State	saw the deceased glive on	the
OR:	causes stated abave, (I) (we) (did) (did nat) view the body after death.	
OR ATTENI be reformed DIRECTOR: A e 3 should ed with the	22b. SIGNATURE ATTENDING MED. STAFF 22c. DATE SIGNED	
OR DIRE	DEGREE PHYS DIRECTOR PHYS. 1/1/1/60	
TAI moy po po fine fine fine fine fine fine fine fine	NAME (Type) HOROLD STATE LING MYD 1352 GNIJ BUD END	
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TO HOSPITAL OR ATTENDING PHYSICI Page 4 may be retained by the hospit TO FUNERAL DIRECTOR: After this certifical director, page 3 should be detached should be filed with the State Dept. of	O BURIAL (REMATON) 23b. DATE 23c NAME OF CEMETERY OR (REMATORY AND STATE (County) (Stole) REMOVAL (Specify) 12 (1968 3 1974 Bases Albert 1965 (Cont. 1997) (County) (Stole)	
5° 5° 2°	PEMOVAL (Specify) 12-621968 BETH BANK ADATTHER POST CON BALTIMORE PLAN PRINCE ADDRESS 250. RECTO BY REGISTRAR'S SIGNATURE PLANCE ADDRESS 250. RECTO BY REGISTRAR'S SIGNATURE	
VR ATT ATT	wedlegteneelstone 4217 9 20 20 1968 Human July	
1430	DAIROLD	







MARYLAND STATE DEPARTMENT OF HEALTH



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		17996		301 W. PRESTON STREET, BALTII CERTIFICATE OF DEATH		18007
ب 7ء	1 DI	CEASED-NAME First	M ddle ,	Lost	20. DATE OF DEATH	25. HOUR
haurs after death in by the funeral rs Peges of and 2 haurs after death	(1	ype or print) MARY	CATHERINE	WERLE	12 Month 28 D	by GS Year GOS M
ie de la company	3. SE	and an artist of the second of	4. RACE	S. DATE OF BIRTH	6 AGE (In years	IF UNDER 1 YEAR IF UNDER 24 MRS.
rs af	<u>L</u>	FEMALE	CAUC.	JAN. 7. 18	79 lost birthdoy) YRS	MONTHS DAYS HOURS MIN
haur rs by	70. I	itry)	7b. CITIZEN OF WHAT COUNTRY?	MINICAGED METER MINICAGED	9. COUNTY OF DEATH	
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od within 24) pletely fitted a carbon paper	/	FAIRLAND	give street oddress) [FIRLAND A	VUESING HOME during mo	COCC-PATION (Kind of work done st of working He, even if retired) House With	126. KIND OF BUSINESS OR INDUSTRY
campletely fritted ave carban pape	odm.	USUAL RESIDENCE (Where decease ss on) STATE MASH ()	u tryed, if institut on Residence before	13c CITY OR TOWN 13d INSIDE CITY LIM WASH DC- YES NO	100 S.HEEL MILD HOUIDEN	TER ST. N.E
ond cami	14	ATHER'S NAME First	Middle Lost	IS MOTHERS MAIDEN NAME FIR		Lost
e be		AUGUST			Outla	Brooke
AN: The law requires that the death certificate be execal ar attending physician. Incate has been signed by the attending physician and cofar use as the burial-transit permit. Then please remarkenth prior ta burial, crematian, ar remaval, and in any		WAS DECEASED EVER IN U.S. ARMI	D FORCES? 166 SOCIAL SECURITY No radates of service) 216–16–43		MEDICAL RE	CORO.
ng p The		18 CAUSE OF DEATH (Enter on)	one couse per line for (o), (b), and (c)	1 1 .0		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ne death cer attending p permit. The		PART I DEATH WAS CAUSED IMMEDIAT	E CAUSE (o)	east faile	uo	1-20cm
he c peri		4379	DUE TO, OR AS A CONSEQUENCE OF	1 (n - co	. P. Ocasto	1
nat thu J. the y the matic		Conditions, if only, which gove trise to immediate couse (a),	(b) CONSEQUENCE OF	reralized The	A 1. a Du	weller your
quires that the physician. signed by the burial-transit burial, cremat		stoting the underlying couse	DUE TO, OR AS A CONSEQUENCE OF	selzed debili	latin tag	net (
requ g ph sign bur		PART 2. OTHER SIGNIFICANT CON	TITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE ORCC	ONDITION GIVEN IN PART 1(0)	
ending s been as the oriarta	₩012	190, DATE OF OPERATION 196, C	ONDITION FOR WHICH OPERATION WAS PE	AFBRMED 200 AUTOPSY?	20b IF YES, WERE FINDINGS	CONCIDEDED IN CERTIFIAND
the prince of th	CERTIFICATION		The state of the s	YES NO TX	CAUSES OF DEATH?	CONSIDERED IN CERTIFING
AN: The off or att cate ha far use Health		210. ACCIDENT WAS UNDERLYING		21c HOW INJURY OCCURRED (Enter	noture of injury in Port 1 or Port 2.	Item 18)
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OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed be retained by the haspital ar attending physician. SIRECTOR: After this certificate has been signed by the attending physician and cample a 3 should be detached far use as the burial-transit permit. Then please remaye can ed with the State Dept. af Health priar ta burial, crematian, ar remayal, and in any event	WE	21d INJURY OCCURRED 21e. I While Not while at work	PLACE OF INJURY (AT HOME FARM, STREET, FAC OFFICE BUILDING, ETC	10RY) 21f LOCATION Street or R.F.D. No.	City of Town	County State
DING d by th After d be d		22a. I certify that (1)/(this	hospital) attended the decease	ed from 2-15, 196	2, to 12 -28, 19	64, that (I) (we) lost
ATTEND RATTEND RECTOR: A S should with the 3		saw the deceosed an	ve on 12 - 2 8 1 (I))(we) (did)(did not) view the I	968, and that in (my) tour) opin body after death	ian death occurred an the d	ate and hour and from the
TO HOSPITAL OR ATTEN Page 4 may be retained TO FUNERAL DIRECTOR: director, page 3 shauld shauld be filed with the		22b SIGNATURE	X 224 1	ATTENDING ME	D STAFF C	DATE SIGNED
AL O by be L DII filed		22d (PHYSICIAN S	Spence St	DEGREE PHYS DIF	RECTOR LI PHYS LI	7 . 20 . 0
O HOSPITAL OF Page 4 may be O FUNERAL DIR director, page 3 shauld be filed			n R. Spencer	\$4RT	DNSVILLE,	M.D
Page Page FUI shau	230	BURIAL (REMATION, 236 D. REMOVAL (Specify). Burial 1		CEMETERY OR CREMATORY Olivet	Washington. D	(County) (State)
	24	FUNERAL DIRECTOR	2-31-68 Mt.	I Bland W 250 RECD BY		S SIGNATURE
VR A15 (4) 45M - 1/69	1	rancis & Calle	o Silver Spris	g/ mol. DANAN	3 1969 Acho	May Judge



	li .	MARTIAND STATE DEPARTMENT OF REALIN
1)		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 18000
		CERTIFICATE OF DEATH
. 23	i D	ECFASED NAME First Middle Lost 2a. DATE OF DEATH 2b. HOUR
व्यव्य		Type or annth 2 d
de de de		MARSARET 1. Whiteomb 12-14-68 10AM
for the fer for the fer fer fer fer fer fer fer fer fer fe	3 5	
s af the age s al	l	FEMALE WhitE 1-25-1876 lost birthday) AMONTHS DAYS HOURS MIN
30 20		BIRTHPLACE (Stole or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH
Catrificate be executed within 24 hours after death pysicion and completely filled in by the funeral pen please remove carbon papers. Pages 1 and 2 moval, and in any event, within 72 hours after death.	COL	Wash D.C. W.J.A. WIDOWED DIVORCED MONTGOMERY MO
n 2 Illec	10	CITY OR TOWN OF DEATH II NAME OF HOSPITAL OR INSTITUTION III ADD A DASPITE 120 USUAL OCCUPATION (Kind of work dame 120 KIND OF BUSINESS OR
¥ Son ¥ ¥ Son ∓ M	h	ENSING FOR TENSINGEN GRADENS during most at working the even if refused NOUSTRY Own home
d v arb	130	JSUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREFF AND NUMBER
mpl mpl	adm	SSIGN) STATE Md 136 COUNTY THOMERY TAROMA YES NO 7797 MABLE AUE.
xec no, in	14	FATHER'S NAME First Middle Loss IS MOTHER'S MAIDEN NAME First Middle Loss
on on o		den de la companya del la companya de la companya d
on ose nd i	160	
icote b sscion pleose i, ond		WAS DECEASED EVER ON U.S. ARMED FORCES? 16b SOC AL SECURITY NO 17 INFORMANT Address 5. 5. 21117. 200-46-4444 Educin 1116 Language Was provided to Service)
£ 25 8		No No Part To The Edwin Whiteouth - 84 69 Sugar ANN RE.
		18. CAUSE OF DEATH (Enter anly one cause per line for (a) (b) and (c))
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on, on		DUE TO, OR AS A CONSEQUENCE OF A CONSEQUENCE OF A CON
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ta . Fisca		rise to immediate cause (a) ((b)
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ysic ysic ned nol,		(c)
PHYSICIAN: The low requires that the dep uir c atrific e hospitol or attending physician. The catrificate has been signed by the attending physician to use os the burial-tronsit permit then posts.		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART T(p)
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e lov tend is be as t priar	CERTIFICATION	196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206. IF YES, WERE PRIDINGS CONSIDERED IN CERTIFYING
文 per per per per per per per per per per	1 🚆	YES NO K CAUSES OF DEATH?
F. The or aff the had be seen that the had be seen that the had be seen that the had be seen that the seen that t	8	21a ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2 Item 18)
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p track the particular to the	MEDICAL	(If either, notify medical examiner) P.M. 19
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OR ATTENIOR SHEETING SHEETING SHEETING SHOULD BE 3 should bed with the		22b. SIGNATURE 22c DATE SIGNED 22c DATE SIGNED
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O HOSPITAL OR ATTENI Page 4 may be retained O FUNERAL DIRECTOR: A director, page 3 should should be filed with the		NAME (Type) D. 13. Washing to my MD 5802 Kidgefreld Rd Nethershi Med 20016
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VR A15 41 45M - 1/69	1	Varner E. Purphrey Inc. 8434 Ja. Ave. S.S. Md DATE DEC 19 1968 Scharles Judge.
	-	worker C Manuted Trice 0414 Am. 1106 Decision and part

2_1	MARYLAND STATE DEPARTMENT OF HEALTH # **** C *****************************	
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH 18009	
HEALTH DEPT.	1. DECEASED-NAME / First Middle Lost 20. DATE KNOWN Month Doy Year	26 НОИВ
loy is 1.3 to Poge ent of	(Type or Print) Carl Estlew White DEATH MATED \$\infty\) Learl Mate \$\infty\) DEATH MATED \$\infty\) 12/7 18	8 3PM
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MARTLAND STATE DEPARTMENT OF	
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BAL	TIMORE, MARYLAND 21201
CERTIFICATE OF DEATH	18010
7 DECEASED-NAME First Middle Lost	2o. DATE OF DEATH 2b. HOUR
(Type or print) MARCUS ALVIN WHITE	DECEMBER 21 1918 9 45. M
3. SEX 14. RACE IS. DATE OF BIRTH	6 AGE (In years I I JNDER 1 YEAR IF UNDER 24 HRS
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OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical exampler) P.M. 19 2 Id INJURY OCCURRED 21e, PLACE OF INJURY / AT HOME, FARM, STREET FACTORY.) 21f LOCATION Street or R.F.D. N	
21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY.) 21f LOCATION Street or R.F.D. In Mobile Mod whole and street factory.	No. City or Town County State
ON THE PART OF THE	
220 L certify that /1) (this bestited attended the deceased from NOV 19	68 to 12-12/ 1865 that (1) (wet last
220. I certify that (I) (this hospital) attended the deceased from 190 and that in (my) (our) or	pinion death occurred on the date and hour and from the
causes stated above, (1) (we) (did) (did not) view the body after death	
ATENDING ATENDING	MED STAFF 22x. DATE SIGNED
Xecuser To Many	MED DIRECTOR STAFF 12/21/68
22d. PHYSICIANS NAME (Type) G. Leonard Gold S. Iver	
HAME (Type) G. Leonard Gold Silver	Spring - Md
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Francis H. Berber Laytensville Md DEC	26 1968 Clearles Judge

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ON STREET, BALTIMORE 1, MARYLAND 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL and give nearest town) THESD ETHESDA d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give straet address) d STREET ADDRESS NAME OF Middle Month DECEASED OF (Type or print) DEATH 9. AGE (In yeers | IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED lest birthdey) Months WIDOWED 🔀 DIVORCED ! yrs. 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY (County & State or fore gn country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) HOUSEWIFE 13. FATHER'S NAME KEESE 16. SOCIAL SECURITY NO. 17. INFORMANT). WHITTET-ANNANDALE, IB. CAUSE OF DEATH [Enter only one ceuse per line for (e) (b) and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: disease with myocardial IMMEDIATE CAUSE (e) DUE TO centenoscienosis gava rise to immadiate cause DUE TO (a), steting the underlying ceuse last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART IIe) WAS AUTOPSY PERFORMED? NO X 200. ACCIDENT WAS UNDERLYING [] | 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Pert II of Item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER WEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm | 20f. (City or fown) 20c. TIME OF INJURY Month, Day, Year [County] (State) fectory, street, office bldg., etc.) While Not While Hour a.m. at work 21. I certify that (I) (this hospital) attended the deceased from..... 1963 to ... Dec. 28., 19. 48 that (I) (we) last .19.48., and that death occurred at P.M. from the causes and on the date stated above. saw the deceased alive on.... 22a. SIGNATURP 22b. DATE **ATTENDING** DIRECTOR PHY5 22c. PHYSICIAN S 22d. ADDRESS NAME (Type) EYE . HUFFMAN M.D 2001 23a. BURIAL, CREMATION, | 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county REMOVAL (Specify) EM BURIAL 25. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** VR A15 (4) SONS 5130 WIS, AVE, WASH 15M 7-62

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		4.00004	DIVISION OF VITAL RECORDS			
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hos hos per the spt.	Σ	21d. INJURY OCCURRED 21e.	PLACE OF INJURY (AT HOME, FARM, STREET, F. OFFICE BUILDING, ETC.	ACTORY.) 21f. LOCATION Street or F	R.F.D. No City or Town	County State
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Soul State	П		e, (i) (wa) (did) (did not) view the	body offer death		
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AL AL PPOG		22d. PHYSICIAN S	- 101 T U -	22e. ADDRESS	6.2 1	/ /
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed Page 4 may be retained by the hospital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and camplet director, page 3 should be detached far use as the burial-transit permit. Then please remave car shauld be filed with the State Dept. af Health priar to burial, crematian, ar remaval, and in any event		NAME (Type)	RUCH II TIMB	LE, MID, 980	I NATURA IS	10 in the Operand in
G G G G G G G G G G G G G G G G G G G	2 3a	BUR AL, CREMATION, 23b.	DATE / 23cphame Of	CEMETERY OR/CREMATORY	23d LOCATION (City or	Town) (County) (State)
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	MARYLAND STATE DEPARTMENT OF HEALTH	
	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 180 CERTIFICATE OF DEATH	14
be executed within 24 hays after death. and completely filled in by the funeral e remove carban papers. Rages to and 2 lin any event, within 72 haurs after death.	I DECEASED-NAME First Middle Lost 20 DATE OF DEATH (Type or print) GENE BARBARA WILDER Month Doy You	2b Hour 968 5:40PM
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	230 BLRIAL, CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City of Town) (County Streetly) 12/16/68 ARLINGTON NATIONAL CEMETERY ARLINGTON,	y) (Stote) VIRGINIA
	24 FUNERAL DIRECTOR NALLEY FUNERAL HOME ADDRESS 3200 RHODE ISLAND AVE., MT. RANIER, MD. 250 RECD BY REGISTRAR 256. REGISTRAR 5 S GNATUR	



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			<u>611 ≥ 14 55</u>		C	ERTIFICATE OF	DEATH		18015	
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an Ce			1B. CAUSE OF DEATH (Enter PART I, DEATH WAS CA	r only one couse per line	for (o), (b), and (c).)			0	APPROXIMAT BETWEEN ONSE	T AND CEATH
eath andi nit.				USED BT. IEDIATE CAUSE (o)	iter	onary	0-2-6-4	licion		
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equires physicio physicio signed l buriot-tr buriot, c			PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTION	NG TO DEATH BUT NO	T RELATED TO THE TERMINA	L DISEASE OR CONDIT	ION GIVEN IN PART I(a)		
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The law rootending hos been se as the h prior to	,	CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR WHICH	H OPERATION WAS PER			20b. IF YES, WERE FINDINGS CAUSES OF DEATH?	CONSIDERED IN CERT	IFYING ZZZO
The part of the pa	- 1	RTIF		wing I		YES 🕟		articione	clicars	- Lucia
AN: olo icat for			210. ACCIDENT WAS UNDER OR CONTRIBUTING CAJSE OF	DEATH HOUR A.M.	Month Day Yeor	21¢ HOW INJURY OCC	LURRED (Enter notus	re of injury in Port 1 or Port 2	?, Item: 1B.)	
SICI spit de de de de de de de de de de de de de		MEDICAL	(If either, notify medical ex	ominer) P.M.	19	2004				Po
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed by the may be retained by the hospital or attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and complet director, page 3 should be detached for use as the buriol-transit permit. Then please remove car should be filed with the State Dept. of Health prior to buriol, cremotion, ar removal, and in any event,		~	at work of work			ORY.) 21f. LOCATION Stree		City or Town	County	State
Stool Stool			22a. I certify that (I)	(this haspital) atten	ided the decease	d from 14 6 5	, 19,	ta <i>Dec 20</i> , 1 death accurred on the c	9_1.908 that (1	l) (we) last
R: 4			couses stated ab	ove, (I) (we) (did) (d	tid noth view the b	adv after death.	y) (aur) apinian	dearn accurred on the i	aare ana naur an	id from the
ATI ATI			22b SIGNATURE	,(,, (,,,,(,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•			c. DATE SIGNED	
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O HOSPITAL OR Poge 4 may be a O FUNERAL DIRI director, poge 3 should be filed v			22d. PHYSICIAN'S NAME (Type)			22e ADD	9013	Flourer	ave Sel	vereus
OSP JNE Stor	1	23.0	BURIAL CREMATION, 2	Th. DATE	23, NAME OF C			LOCATION (City or Town)	(County)	(Stote)
TO HOSPITAL Poge 4 moy TO FUNERAL director, pog should be fi			REMOVAL (Specify)	^{3b} Dec. 24		emetery or crematory en Hill Ce			Virg:	inia
VR A15 (30M REV 1	(4)	24	FUNERAL DIRECTOR		ADDRESS		250. REC'D BY REG			
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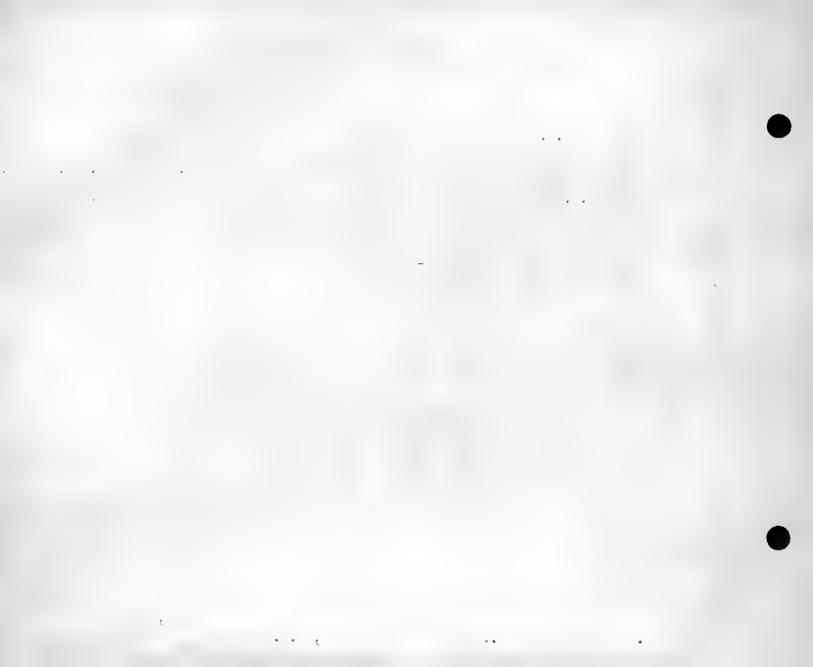


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de de la companya de	(Type or print) Milli	e &	11 Vilkins	Month Di	oy 1807 0 1130
5- 5	3 5	EX	4. RACE	S DATE OF BIRTH	6 AGE (In years	IF UNDER YEAR IF UNDER 24 HRS
by the Pages	L	Female	White	5/18/8	last birthday) YRS	MONTHS DAYS HOURS MIN
haurs S Pa hour	76 cou	BIRTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
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	10.	CITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR I	during r	JAL OCCUPATION (Kind of work done most af working fe byen if retired)	
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be exe	14	FATHER'S NAME First	Middle Last	15 MOTHER'S MAIDEN NAME	Frst Middle	/ Last
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rcore rsicio	160	WAS DECEASED EVER IN U.S. ARM (es, no, or unknown) (If yes give wo			Address	10 /
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physician physician signed by bur al-fra burial, cre		last,	(1) according	wow dear of	LARRICH	1-42000
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		OR CONTRIBUTING CAUSE OF DEATH		21¢ HOW INJURY OCCURRED (Ent	er noture of injury in Part 1 or Part 2	Item 18.)
rysician haspital c certificat ched far pt. af Hee	MEDICAL	(If either, natify medical examine	er) PM	9		
PHYSICIAN The haspital of this certifical defocted far e Dept. of He		While Not while	PLACE OF INJURY (AT HOME, FARM, STREET FA	CLORY . 211 LOCATION - Street of RED N	City or Iowa	County State
		LLI-AVOIK OF WORK	1 00 0 1 10 1	7/10		
ATTENDING trained by the CTOR: After i shauld be di		22a I certify that (I) (this	s haspital) attended the deceas	ed from 1212ce-1, 19_19 Les, and that in (my) (aur) ap	(05, 10 18 110-6016-19	hat (I) (we) las
OR ATTENI be retained SIRECTOR: A e 3 shauld ed with the		causes stated abave,	(I) (we) (did) (aid nat) view the	bady after death.	nutan death accorred an the a	are and naur and tram the
A ATTER retains ECTOR. 3 shaul with th		22b S GNATURE	0 0 0 0		22c	DATE SIGNED
OR be r		Frederick	a caldwell a	DEGREE PHYS	MED STAFF DIRECTOR PHYS	12-18-65
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SPITAL OR 4 may be VERAL DIR for, page 3 Id be filed v		NAME (TYPE) TEFDE	tick S CALD	ver Roci	willy man	
TO HOSPITAL OR ATTEN Page 4 may be retained TO FUNERAL DIRECTOR: director, page 3 shauld shauld be filed with the	23a	BURIAL, CREMATION 23b D.		CEMETERY OR CREMATORY	- 23d LOCAT ON (City or Town)	(County) (State)
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VR A15	24	FUNERAL DIRECTOR Fire	rest C. Gar the tooking	aithersburg. M. RECD	BY REGISTRAR 256 REGISTRAR	S SIGNATURE
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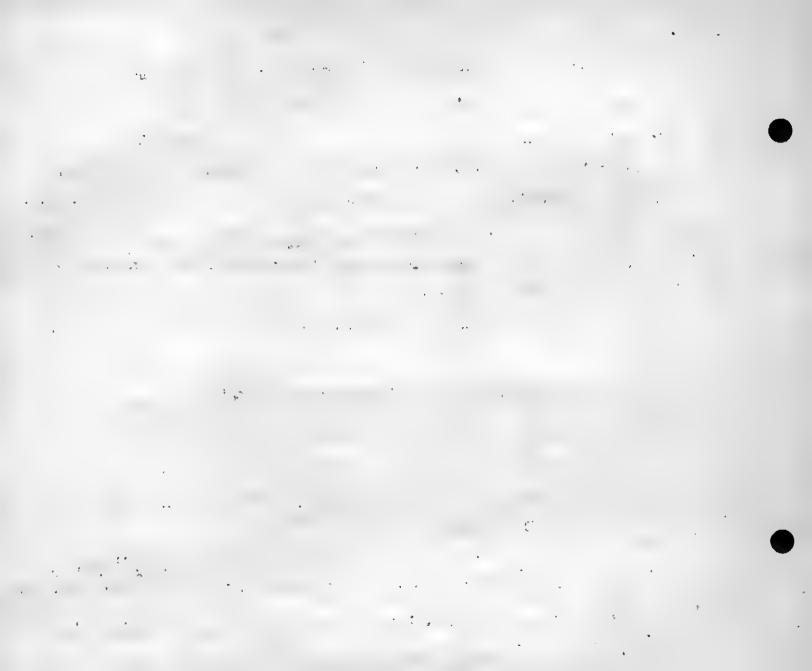




						CERTIFICATE OF	DEATH			801	8
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	3. SE	Х		4. RACE		S. DATE OF BI		6 AGE (F JNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS
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		ity or town of c Wheaton	EATH	give s	treet address)	STATUTION (If not in haspital Nursing Home	durina mast	OCCUPATION (Kind of of working life, even yee Gov. F	if retired)	12b. KIND OF INDUSTRY	BUSINESS OR S - Gov
		USUAL RESIDENCE ssion) STATE	Where decease	d lived, if instituti	an: Residence befare	13c CITY OR TOWN	13d HISIDE CITY LIMITS	7 13e STREET AND	NUMBER		
r			.0.0	IDE COUNTY		Washington	ON K 33A	727 She	epherd !	St., N	
	14. 1	ATHER'S NAME	First	Middle	Last		AIDEN NAME First		Middle		Last
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		es, na, ar unknawn) NO			579-42-76	183				T +0000000	MATE INTERVAL
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		15 77	171	DUE TO, OR A	S A CONSEQUENCE OF	2. 7				'	
		Conditions, if any rise to immediat		(b)	care	week	00 (1	rmar	4 tr	- Ph	
		stating the unde	rlying cause		S A CONSEQUENCE OF		erea	1	,		
			OBUTICABLE COM	(1)	THE TO DEATH OUT	NOT RELATED TO THE TERMINA		-	1/ 1	<u></u>	
		PAKI Z UIHEK SI	GNIFICANT CONL	THIOMS CONTRIBES	IMG TO DEATH BUT I	NOT KETATED AND THE TERMINA	E DIZEASE OKTON	UTITON GIVEN IN PART	I(a)		
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	CERTIFICATION	APRIL 1				REAS YES	NO [P	CAUSES OF DEAT		DIDEKTO IN C	FV III LIMO
•	CERT	21a. ACCIDENT W	AS UNDERLYING		1 1000	21c HOW INJURY OCC		iture of injury in Part	1 or Port 2 Ite	m 18.)	
	₫	OR CONTRIBUTING	CAUSE OF DEATH	HOUR A.M.	Month Day Year	r	Total Julio. In		1 41 7411 2, 110	,	
	MEDI	(If either, natify n 21d NoJRY OCCL	IRRED 21e F			ACTORY) 21f LOCATION Stree	t or R F D. No.	City or Town		County	State
	H	White Nat what wark at wark				,		,	,		
		22g. I certify	that (1) (this	hospital) atte	ended the deceas	sed from // 3	19.62	7. to /2/1	1649	. that	(1) (we) las
		saw the	deceased oli	ve on /	2/10	196 and that in (m	y) (our) opini	on death occurred	on the date	and haur	and from the
		10050231	ated obove,	(I) (we) (did)	(did nat) view the	body after death.					
		22b. SIGNATURE	100	I. M	ateria	ATTENDI	IG MED	CTOR STAFF	22c DA	TE SIGNED	68
		22d. PHYSIC AN S NAME (Type)	PEDR	01.21	ATIAS	MID 22e ADD	RESS 47/2	Montgo	The Me	1 PLI	705
					100 111111 01	CONCERN OR CREMATORY	1	24 OCATION IC.			40
	23a	BURIAL, CREMATIO	N, 23b D	16/1968		CEMETERY OR CREMATORY Lincoln	4	3d .ocation (c iy o Suitland		(County)	(State)



			DIVISION OF VITAL RECOR	DS, 301 W. PRESION STREET, BALL	IMORE, MARTLAND 21201	
-	L	440008		CERTIFICATE OF DEATH		18019
± = ± ±		ECEASED-NAME First	Middle	Last	20. DATE OF DEATH Month Day	2b HOUR P
dea dea dea	1	(Ype or print) Henry	Valmont	,	December 4	1968 8:15 M
fur fur ter	3. S	X	4. RACE	S DATE OF BIRTH	6 AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
the the safe safe safe safe safe safe safe saf		Male	White	27 April 195	last_birthday) YRS.	MONTHS DAYS HOURS MIN.
by Py our	7a	BIRTHPLACE (Stote or foreign	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
4 * in 852	DH	strict of Colu	mbia USA	WIDOWED DIVORCED	Montgomery	Md
filled thin 73	10.	CITY OR TOWN OF DEATH	11 NAME OF HOSPITAL O	OR INSTITUTION (If not in hospital 120. USU	AL OCCUPATION (Kind of work done	126 KIND OF BUSINESS OR
\$ \$ \$ \$? ·	L	Bethesda	The Clinic	al Center, NIH	ost of working life, even if retired) Student	None
d v	13a.	USUAL RESIDENCE (Where deceos	ed lived, if institution; Residence be	FORE 13c CITY OR TOWN 13d INSIDE CITY	IM,757 130 STREET AND NUMBER	NONG
tute ve o	H	strict of Colu	mbia COUNTY	Washington YES X N	□ 3705 Carpente	er St., S.E.
d co		FATHER'S NAME First		15. MOTHER S MAIDEN NAME		Lost
be an in c	L	Henry	V. Willow	ghby,II C	lara	Fagg
and and	160	WAS DECEASED EVER IN U.S. ARN	AED FORCES? 166 SOCIAL SECU		ical Record Address	
hysi ol,		(es, np. ar unknawn) (If yes give w	ver or dates of service)	ilable The Clinical (Center, NIH, Bethe	esda, Maryland
Gerrange Paragraphic		IR CAUSE OF DEATH (Enter on	ly one cause per line for (a) (b) on			APPROXIMATE WIERVAL BETWEEN ONSET AND DEATH
튬 틀림	П	PART I. DEATH WAS CAUSED IMMEDIA	BY. Septicemi			5 days
de otter	П	2040	DUE TO, OR AS A CONSEQUENCE	F OF		
the or	П	Conditions, if any, which gave	•	nphocytic Leukemia		1 month
hat N. Ty Ty ans em	П	nse to immediate couse (a), stating the underlying couse	DUE TO, OR AS A CONSEQUENC			
es t icia id b il, or		lost Sinderlying couse	(c)			
Shys origina orrigina	ш	PART 2 OTHER SIGNIFICANT CON	IDITIONS CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART 1(a)	
ng l		Small bowel o	bstruction, inte	estinal bleeding, men	ingitis	
law bee	ATIO	19a. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION W	AS PERFORMED 20a. AUTOPSY?	20b. IF YES, WERE FINDINGS CO	NSIDERED IN CERTIFYING
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death be retained by the haspital ar attending physician. DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral gets should be detached far use as the burial-transit permit. Then please remove carbon regers and 2 hours after death led with the State Dept. at Health priar to burial, crematian, ar remayal, and in any event, within 72 hours after death.	CERTIFICATION			YES 🔀 NO 🗆	CAUSES OF DEATH? Yes	
ar ar ar ar ar ar ar ar ar ar ar ar ar a	8	21a. ACCIDENT WAS UNDERLYIN		21c. HOW INJURY OCCURRED (Ente	r noture of injury in Port 1 or Part 2, 1t	em 18.)
E PER ELECTION	MEDICAL	OR CONTRIBUTING CAUSE OF OEAT	HOUR A.M. Manth Doy P.M.	Yeor 19		
YSI asp cert cert pt. c	ME	21d INJURY OCCURRED 21e.	PLACE OF INJURY AT HOME FARM, SIRE	ET, EACTORY.) 21f. LOCATION Street or R.F.D. No	. City or Town	County State
P.H. P.H. P.H. P.H. P.H. P.H. P.H. P.H.		at work -				
NC INC		220. I certify that (II. (th	is haspital) attended the dec	eased from 21 Nov , 19 (19_68 and that in (xxx) (our) op the body after death.	58 to 4 Dec. , 196	8_, that (N) (we) lost
NDI Sed by Id by Seld by	П	sow the deceased a	live on 4 December	19_68 and that in (xxx) (our) op	inion death occurred on the dat	e and haur ond fram the
Daine dine	П		e, 🦇 (we) (did) (XIXI XIXI) view	the body after death.	1 00 0	LTF CLOURS
Will will	П	22b. SIGNATURE	a Dan le	DEGREE PHYS.		ember 5, 1968
Lo Ped Filed	ш	22d. PHYSICIAN S		224 ADDRESS TIME	Clinical Center,	National
Ral Bar J		NAME (Type) Richs	rd J. Samaha, M.		of Health, Bethe	
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pagers Pages 1 and 2 should be filled with the State Dept. af Health priar to burial, crematian, ar removal, and in any event, within 72 hours after death.	220	BURIAL, CREMATION, 23b		E OF CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(County) (Stote)
Pog.	230	ATTACHE IT ()		Lincoln Comptons	Bladensburg.	Md -
\\\\	24.		Regional ADD	PRESS Wash DC 250 PECT	REGISTRA 968 256. REGISTRA S.	the fundamen
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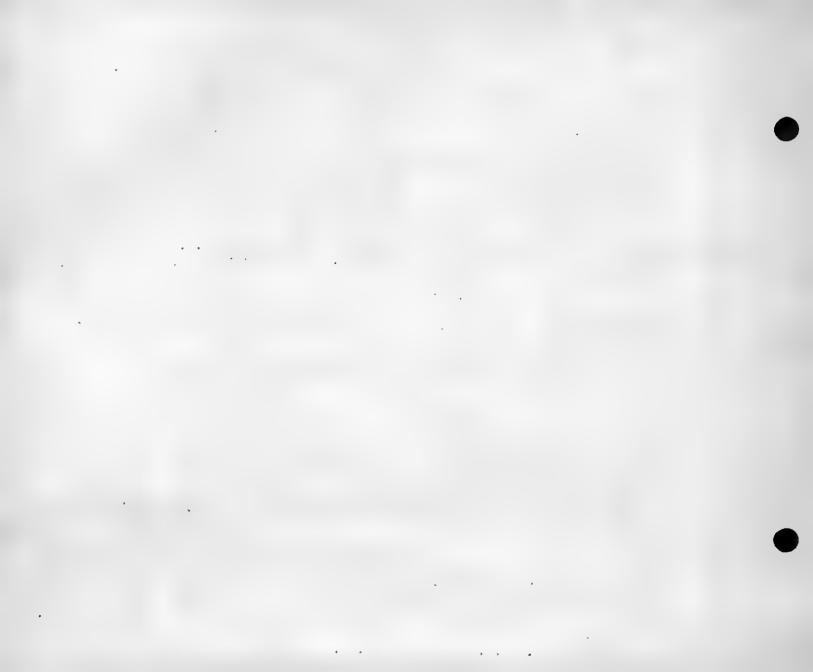


CERTIFICATE OF DEATH 18 0 2 0 10 10 10 10 10 10 1	201	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
Company of the control of the cont	^ \		18020
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15 DUSAL REJURNIC (Where deceased view of 1 institution Residence before 136. COUNTY CONTROL 136. COUNTY CONTROL 136. COUNTY CONTROL 136. COUNTY CO	8	lost birthday) Mc	UNDER I YEAR IF UNDER 24 HRS.
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15 DUSAL REJURNIC (Where deceased view of 1 institution Residence before 136. COUNTY CONTROL 136. COUNTY CONTROL 136. COUNTY CONTROL 136. COUNTY CO	III III	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INST.TUTION (If not in hospital during most of work done during most of working life, even if retired) Russ Home 3721. Parssearch Dir Grand Company Co	12b KIND OF BUSINESS OR
VR A15 (4) 24. FUNERAL DIRECTOR ROBERT A. FLAS Ph. ADDRESS: 250 RECD BY REGISTRAR 250 REGISTRAR'S SIGNATURE	ad ad	a USUAL RESIDENCE (Where deceased lived if institution: Residence before 13c, CITY OR TOWN 13d inside CITY LIMITS? 13e, STREET AND NUMBER 22/	7- hilly SIME
VR A15 (4) 24. FUNERAL DIRECTOR POBERT A. Hans phr ADDRESS; 250 RECD BY REGISTRAR 25b REGISTRAR'S SIGNATURE	ruo ui o	FATHER'S NAME First Middle ost 15. MOTHER'S MAIDEN NAME FIRST Middle Middle	Last
VR A15 (4) 24. FUNERAL DIRECTOR ROBERT A. Hens phrappress, 250 RECD BY REGISTRAR 25b REGISTRAR'S SIGNATURE	ib 16	Van me exception and 1 Blues may not define of consult	
VR A15 (4) 24. FUNERAL DIRECTOR ROBERT A. FLAS Ph. ADDRESS: 250 RECD BY REGISTRAR 250 REGISTRAR'S SIGNATURE	L rema	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY AMMEDIATE (ALISE (a).) CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	
VR A15 (4) 24. FUNERAL DIRECTOR ROBERT A. FLAS Ph. ADDRESS: 250 RECD BY REGISTRAR 250 REGISTRAR'S SIGNATURE	anan, a	DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave	34
VR A15 (4) 24. FUNERAL DIRECTOR ROBERT A. FLAS Ph. ADDRESS: 250 RECD BY REGISTRAR 250 REGISTRAR'S SIGNATURE	n' crem	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
VR ALS (4) 24. FUNERAL DIRECTOR ROBERT A. HEAT Phrappress, 250 RECD BY REGISTRAR 25b REGISTRAR'S SIGNATURE			
VR A15 (4) 24. FUNERAL DIRECTOR ROBERT A. HEAT Physiology 1250 RECD BY REGISTRAR 250 REGISTRAR'S SIGNATURE	o pridra	19d. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20d. AUTOPSY? 20b. IF YES, WERE FINDINGS CONS	SIDERED IN CERTIFYING
VR A15 (4) 24. FUNERAL DIRECTOR ROBERT A. Heavy bland DRESS 250 RECD BY REGISTRAR 250 RECUSTRAR'S SIGNATURE	T Hedit		n 18)
VR A15 (4) 24. FUNERAL DIRECTOR ROBERT A. HEAT BLANDARESS, 250 RECD BY REGISTRAR 25b REGISTRAR'S SIGNATURE	o Dept.	While Nat while \ OFFICE BUILDING, ETC	Caunty State
VR A15 (4) 24. FUNERAL DIRECTOR ROBERT A. Hung bhaddress; 250 RECD BY REGISTRAR 25b REGISTRAR'S SIGNATURE	The State	22a 1 certify that (1) (this haspital) attended the deceased fram, 19,	, that (I) (we) last and haur and from the
VR A15 (4) 24. FUNERAL DIRECTOR ROBERT A. FLAS Ph. ADDRESS: 250 RECD BY REGISTRAR 250 REGISTRAR'S SIGNATURE	o with	22b. SIGNATURE ATTENDING MED STAFF 22c DAI	SIGNED SIGNED
VR A15 (4) 24. FUNERAL DIRECTOR ROBERT A. Hear phrappress, 250 RECD BY REGISTRAR 25b REGISTRAR'S SIGNATURE	o De IIIe	22d. PHYSICIAN'S 22e_AQD&&SS A	ly meryen
VR A15 (4) 24. FUMERAL DIRECTOR ROBERT A. HUMI BIN ADDRESS! 250 RECD BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	23	REMOVAL (Specify) 12-12-68 SA/EUM E.U.B. TWP GETTYSBURG A	DAMS YA
WREY 1/68 7557-WISCONSIN /705, BE-THESDIF, DEC 16 1968 ICHONON JUNGE	15 (4)	hat	Man Quedes

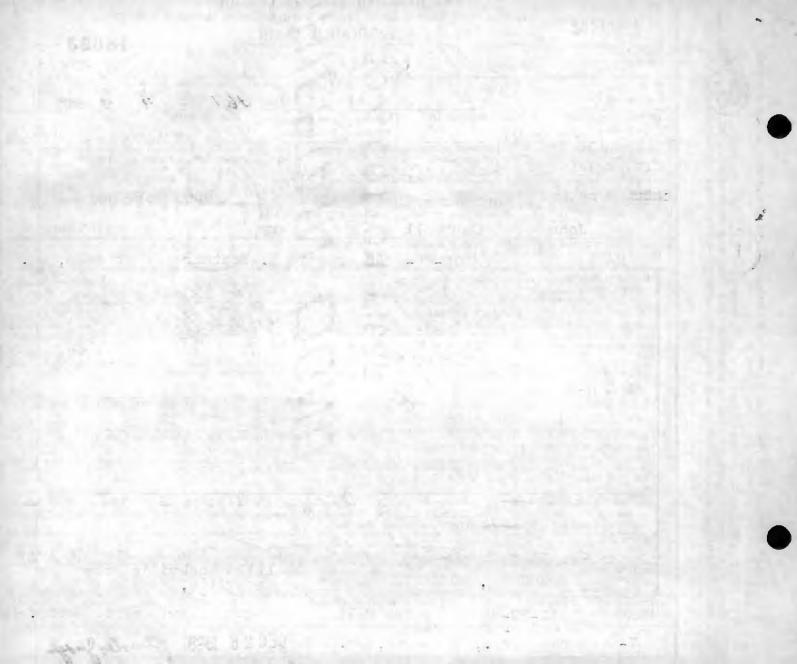




2 1	L	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	18022
HEALTH DEPT.		DECFASED NAME First Middle lost 2a BATE KNOWN E-21 Month	Day Year 2b HOJR T
15 10 10 0f		(Type or Print) GRACE G. WYNDHAM OF ESTI- DEATH MATED DEC.	4 19 68 530
iny deloy		SEX 4 RACE 5 DATE OF BIRTH 31 March 1893 6 AGE (In years IF UNDER 1 YEAR IF JNDER 24 HRS 24 DATE PRONOUNCED DEAD	Year 19 M
		BIRTHPLACE (State or foreign 75 CITIZEN OF WHAT COUNTRY? 8 MARRIED 9 COUNTY OF DEATH	
the state of the s		untry) Australia	Md
8 Give-tages along with the Store eath		Bethesda give freet goddesd Hospital during most of working life, even if retired) Housewife	126 KIND OF BUSINESS OR INDUSTRY
s after 18 Girls 2 with death	130	a USUAL RESIDENCE (Where deceased lived, if not tutian, Residence before 13c. CITY OR TOWN 3d INSIDE CITYMITS? 13e STREET AND NUMBER admission) The strict of Columbia Washington YES NO 4835 Yuma Street	eet
24 hours are in Item 18 r's Office all es land 2 will are are after dec	14	FATHER'S NAME First Middle Last IS MOTHER'S MA DEN NAME First Middle White	Last
hin 24 ncil in niner's pages hours	lòo	a WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Washington. D.C. ADDRESS	Roberts
ithin min min page 2 bo	((My Oc, or unknown) (If yes give war or dotes of service) Mrs. Nereda Sommerville, 4835 Yu	ıma St.
be executed wit "pending" in pe nief Medical Exan ansit permit File event within 72		18 CAUSE OF DEATH (Fater only one couse per line (or (o), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
executed nding" Medical		PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Profiting A OFFIC Annes ys Dr.	Sullelan
e expond of Me f		Canditions, if any, which gave) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave)	4-2015
ld be rd " Chie tran		(b) Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	7-0010
shauld be e ne ward "per a the Chief J burral-transit I in any ever		lost (c)	
g the s and ta		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	
t'fica nting ardio ardio d as /at, a	8	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION	20. AUTOPSY?
This certificate shauld be executed within cate, writing the ward "pending" in pencil be farwarded to the Chief Medical Examine be used as a burial-transit permit file page in remayal, and in any event within 72 hou	FICATION	WAS PERFORMED?	YES 12 NO
海무 골임	MEDICAL CERT	21a. EXTERNAL CAUSE WAS 21b TIME OF NJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Ite	
	MED	favore office building said	Caunty State
DICAL EXAM lease execute th director. Page 4 etained for your DIRECTOR: Page rr to burial, crem		WHILE HOT WHILE factory, affice building, etc.)	
E executor. Page of far a control.		22a. I certify that I taak charge of the remains described above, held an Autapsy 📈 Inspection 🔀 Inquiry 🗀	
please exected in director. Paretained for retained for control to burnet to burnet to burnet.		death resulted fram. Natural causes 1. Accident ., Suicide ., Hamicide . Undetermined manner [_
<u>a_</u>		ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER 226 DATES	IGNED
DEPUTY reessary, p e funeral may be re FUNERAL safth prio		EYAMINER'S DEPUTY MEDICAL EXAMINER DOC	5,1968
necessory, price funeral 5 may be re 10 FUNERAL Health prior		NAME (Type) John G. Ball, M. D. ADDRESS(Street, cty, town, or county)	
TO DEPUT necessar the fune 5 may b TO FUNER	230	30 BURIA., CREMATION, PEMOVAL (Specify) 23b DATE / 1968 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City of Town) Cremation Cremation Capar Hill Cemetery Suitland	(Caunty) (State) Md •
CAR	24	4 FUNERAL DIRECTOR TAIL TAVULL FUNEral Home	IGNATURE
VR A15ME (3)	147	748 Wisconsin Ave. N.W. Washington, D. C. DADEC 9 1968 Follows	Ca Judge



2b. HOUR 2 M NOER 24 HRS. URS MIN. AC Md. NESS OR
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1000	It	em23 F1 12/16/68 14 MARYLAND STATE DEPARTMENT OF HEALTH
152	5/	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1802
	1. D	FFFASSD.NAME First Middle last 20 DATE OF DEATH 12h HOUR
	(Type or print) LIONEL JUSTUS ZIERDT 12 Month 6 Day 68 Year 930 AM
the fr	3. \$	
24 hours afted in by the pagers. Pager 172 hours af		BIRTHPLACE (STOTE OF TOTE OF THE COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH 9
be executed within 24 had a found completely filled in be remove carban papers.	K	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) 120. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) 120. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) 120. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) 120. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) 120. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) 120. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)
be executed within and completely fills to remove carbon por in any event, within	13a. odm	USUAL RESIDENCE (Where deceased lived, if institution: Residence before ission) STATE MARYLAN & 136. COUNTY WOLF COMERY KENSINGTON YES NO BOOK STREET AND NUMBER ROAD
be exe	14.	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME FIRST MIDDLE MIDDLE COST TUSTUS ZIEROT AMOURA KLINGER
ertificate b physician nen pleare ioval, and	160	WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT (15 yes give word orders of service) 578-12-7913 MARIE E. ZIEDT. 3001 JENNINGS ROAD KENSINGTON, MD.
at the death c the attending nsit permit. The mation, ar rem		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) CARCINOMA OF THE LUNG (RESUMPTIVE) DUE TO, OR AS A CONSEQUENCE OF (b) Stating the underlying cause lost. /63 x
OR ATTENDING PHYSICIAN: The law requires the be retained by the haspital ar attending physician. DIRECTOR: After this certificate has been signed by je 3 shauld be detached for use as the burial-trailed with the State Dept. af Health priar to burial, cre	ATION	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) CHRONIC UBSTRUCTIVE EMPHYSEMA, ARTERIOSCUEROTIC HEART DISEASE 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20g. AUTOPSY? 20g. AUTOPSY? CAUSES OF DEATH?
JAN: The law retal are a stending liftcate has been for use as the the Health prior to be	CAL CERTIFICATION	210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.)
DING PHYSICIAN: by the haspital ar After this certificate be detached far u State Dept. af Heal	MEDICAL	(If either, notify medical examiner) P.M. 19 21d. INJURY OCCURRED While Not while of work at work at work at the property of work at the property of the prope
OR ATTENDING PHYSICIAN: The law rebe retained by the haspital ar attending DIRECTOR: After this certificate has been ge 3 shauld be detached far use as the led with the State Dept. of Health prior to		220. I certify that (1) (this hospital) attended the deceased from, 1966, ta, 1968, that (1) (we) last saw the deceased alive on, 1968, ond that in (my) (our) opinion death accurred on the date and haur and from the couses stated abave (1) (we) (did) (did not) view the bady ofter death.
mry be reto may be reto may be reto my fr, page 3 sh be filed with		22b. SIGNATURE DEGREE PHYS. DEGREE PHYS. DEGREE PHYS. DIRECTOR D STAFF PHYS. 12 - 6 - 68 22c. DATE SIGNED 12 - 6 - 68
O HOSPITAL Page 4 may O FUNERAL director, page		NAME (Type) KICHARD H. POLLEN MD 10400 CONNECTICUT N, KENSINGTON, MIR
TO HOSPITAL Page 4 may b TO FUNERAL D director, page		BURIAL CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) DEC 9, 1968 PARK LAWN CEMETERY ROCKVILLE MOUTGONGRY MD.
VR A15 (4) 30M REV. 1768		FUNERAL DIRECTOR ADDRESS ADDRESS AUE 250. REC'D BY REGISTRAR 250. REGISTRAR'S SIGNATURE AUE AUE AUE AUE AUE AUE AUE

